

CONCEPT OF *AVARANA* ON *APABAHUKA* WITH MODERN REVIEW

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ABSTRACT

Life without movement is the worst tragedy that can happen to any living organism. That can be one of the main reasons for Ayurvedic literature considering *Vataja Vikaras* more important compared to disorders caused due to morbidity of other doshas. *Apabahuka* is one among those *vatavyadhi*, caused by *kupita vata dosha* localising around the *amsa pradesha* causing *shoshana* of *amsa sandhi*, there by leading to *Akunchana* of *sira* and presents with *Bahu Prasanditahara*. *Apabahuka* manifests due to both *Dhatukhsaya* (due to tissue loss) as well as *Margavarana* While comparing with modern science, most of the shoulder joint pathologies such as Adhesive capsulitis, Rotator cuff Injuries, Bicipital tendinitis, Cervical Spondylitis, Osteoarthritis of the shoulder joint etc. can be incorporated under the broad heading *Apabahuka*

Keywords: *Apabahuka, vatavyadhi, Adhesive Capsulitis, Rotator Cuff injuries, Bicipital Tendinitis*

INTRODUCTION

The economy of the country relies on its work force. *Apabahuka* is one such disease that hampers the day-to-day activity of an individual. The fact that *Vata vyadhi* is one among the *Astha Mahagada*¹, is itself explanatory, with regard to the consequences caused by *Apabahuka*

.It is not mentioned in the *nanatmaja Vata vyadhi*, *Acharya Sushruta* and others have considered *Apabahuka* as a *Vata vyadhi*². *Amsa shosha* can be considered as the preliminary stage of the disease where loss or dryness of the *Sleshmaka Kapha* from the shoulder joint occurs. The next stage, that is, *Apabahuka*, occurs due to the

loss of *Sleshmaka Kapha* and symptoms like *shoola* during movement, restricted movement, and so on, are manifested. Even as this is commented on in the *Madhukosha teeka*, it is mentioned that *Amsa shosha* is produced by *Dhatukhsaya*, that is, *Shuddha Vata janya*, and *Apabahuka* is *Vata Kapha janya*³

Definition

Apabahuka is a disease characterized by morbid *vata Dosha* localizing around the *amsa Pradesha* and thereby causing *shoshana* of *amsa Bandha* as well as *Akunchana* of *sira* at this site leads to *Bahupraspanda hara*

NIDANA.

The specific *Nidana* of *Apabahuka* is not separately enlisted. So the causative factors of *Vatavyadhi*, only *Charaka*⁴ and *Bhavaprakasha*⁵ have explained in detail, In *Sushruta Samhita*, *Ashtanga Sangraha* and *Ashtanga Hridaya*. The causes of *Vatavyadhi* have not been clearly described. However in these texts, the causative factors provoking *Vata Dosha* are described. Even though a specific *Bahya Hetu* has not been mentioned for *Apabahuka*, however the general factors for *Vata Prakopa* have to be analysed. In case of

Apabahuka Hetu may be classified into two groups:

Bahya Hetu – causing injury to the *Marma* or the region surrounding that.

Abhyantara Hetu – indulging in *Vata Prakopa Nidanas* leads to vitiation of *Vata* in that region

Purvarupa of Apabahuka

As *Apabahuka* is one of the 80 types of *Vatavyadhi*, the minor symptoms present before the manifestations of this disease may be taken as *Purvarupa*

Rupa of Apabahuka

While mentioning the disease *Apabahuka* *Sushruta Vagbhata*, *Madhavakara* *Bhavaprakasha*, *Kalyanakaraka* explains that the vitiated *Vata* causes the *shoshana* of *Amsa Bandhana* and *Sankocha* of *Sira & Kandara* of the *Amsa pradesha* leads to *Sthambha & Bahu Praspaniditahara* *Madhukosha* mentioned *apabahuka* as of two types: *Vataja and Kaphaja* Considering all the above *Lakshanas*, *apabahuka* can be categorized as a *sthanika vikara* rather than *Sarvadaihika Vikara* and its prime features are as below.

1. ***Bahu praspanditahara.***
2. ***Amsabandhan Shosha.***
3. ***Sira Akunchana / Sthambha.***
4. ***Shoola.***

Bahu Praspaniditahara; *Bahu* means upper limb *Bahupraspanidita* hara may be taken up as difficulty in the movement or impaired or loss of movement of upper limb and the function of *the sandhi* like the *Utkshepana*, *Prasarana*, and *Akunchana* will be affected in Apabahuka.

Amsa Bandhana shosha; *Amsa shosha* means drying up of the *kapha* in *Amsa Pradesha*. From the reference given by the *Acharya Susruta*, this can be considered as muscle wasting around the joint due to lack of nourishment and disuse atrophy

Shoola: *Shoola* is one of the symptoms of *Apabahuka*. The *Amsa Marma* being a *Snayu Marma*, when it is injured or gets afflicted by *Vata* it will produce *Shoola*, as it is one of the symptoms of *Snayu Gata Vata*.

Sira Akunchana / Sthambha; *Sleshma* is responsible for structural stability of *Sira*, *Kandara* and not the *Amsa Sandhi* alone, therefore drying up of *Kapha* leads to *the Akunchana of Sira* resulting in *Apabahuka*

SAMPRAPTHI

Samprapti reveals the manifestation of disease i.e. *Dosha Dushya Sammurchana*. Thus it helps to

understand the pathogenesis of a disease.

SAMANYA SAMPRAPTHI

Charaka says that due to the etiological factors, the provocation of *vata* may take place either due to *Dhatu kshaya* or obstruction in body channels *Aavarana* here, the lack of normal qualities of *srotas* like *sneha* is referred by the name *Riktata*. This is the *Samanya Samprapti* of *Vatavyadhi* and holds good even for *Apabahuka*.

Sushruta has mentioned three pathological conditions of *Vata*⁶:

1. *Kevala Vata*.
2. *Dosha Yukta Vata*.
3. *Avrita Vata*

Indulgence in various etiological factors leads to the accumulation of the *vata dosha* in the *Amsapradesha* and cause the *shoshana* of the *Amsabandhan* i.e., of *snayu* and *Mamsa Peshi* which leads to the *Amsa shosha* or further *kshaya* of the *dhatu* causes the *Prakopa* of the *Vata* resulting in *Siraakunchana*, which in turn leads to manifestation of ***Kevala vataja Apabahuka***. This unique pathology is described as ***Dhathukshayaja Apabahuka***⁷

Sometimes due to *Kaphakara Nidana*, the *Kapha* gets aggravated in the *Sandhi* which impedes the *Chala Guna*

of the *Vata* leading to the occurrence of *Apabahuka*. This distinct pathology is referred as ***Kaphavruta Vata janya Apabahuka***⁸

Morbid *Vyana Vata* in other way may cause *Abhyantara Marmabhigata* or any external trauma to *Amsapradesha* may cause *Bahya Marmabhigata* to the *Amsa Marma* present in *Amsa Desha*. Because this is a *Snayu* and *Vaikalyakara Marma*⁹, by afflicting *Snayu* will manifest *Bahu praspanditahara*.

Even in modern medical science, the partial loss of blood supply in the area of insertion of tendons or some idiopathic cause can produce localized degeneration of the collagen. This induces autoimmune response and cause tear or distortion of tendinous sheaths and ligaments. This obliterates the integral stability of the joint and results in restricted movement with painful and stiffened joint

SAMPRAPTI GHATAKA

Dosha¹⁰ – *Vata. Prakara -Vyana Vata (Chala Gunataha kshaya). Prana vata (Karmah kshaya).*

Kapha. Prakara- Sleshaka kapha (Dravyataha kshaya).

Dushya – *Rasa, Rakta, Mamsa, Meda, Asthi, Majja.*

Upadhatu- Sira, Snayu, Kandara.

Agni- *Jatharagni and respective Dhatwagnis.*

Ama- *Jatharagni and respective Dhatwagnijanya.*

Srotas – *Rasavaha, Rakta Vaha, Mamsa Vaha, Medo Vaha, Asthi Vaha, Majja Vaha.*

Srotodustiprakara – *Sanga.*

Rogamarga – *Madhyama.*

Adhithana – *Amsa Desha.*

Vyakta sthana – *Bahu.*

Vyadhi swabhava – *Chirakari*

VISHISTA SAMPRAPTHI

MARMABHIGATAJA APABAHUKA

Amsa Marmabhigata

↓
Vata Prakopa

↓
*Affliction to Mamsa
Sira snayu Asthi*

↓
Sira snayu Sankocha

↓
Bahu Chesta hara

↓
APABAHUKA

MARGAVARANJANYA APABAHUKA

↓
Amotpattikara nidana

↓
Agnimandhya

↓
Amotpatti

↓
Circulates with rasa dhatu

↓
*Accumulation at Amsapradesha
(Khavaigunya)*

↓
Sritorodha

↓
Apabahuka

Apabahuka should be differentiated with the following conditions which affects the upper limb

Vishwachi: In this condition pain radiated from upper arm to the forearm and *palm*. In *apabahuka* doesn't radiate

Ekangavata: In this condition impairment of voluntary activities. In *apabahuka* difficulty in movements and pain occurs only in *Amsa pradesha*

Amsa shosha: In this condition presence of *Mamsa kshaya* or *sosha* in *Amsa Pradesha*.

Pain is not the diagnostic criteria in *Amsa sosha* but mandatory in *Apabahuka* and *Vishwachi*

Treatment; *Astanga Hridaya* and *Astanga sangraha* highlights *Nasya* and *Uttara Bhaktika Snehapana* as the *Vishesha Chikitsa* in *Apabahuka*. In *Yogaratanakara*, *Vatavyadhi Chikitsa*, *Bahu Parivartana* (movements of shoulder joint) has been mentioned as an effective remedy in *Apabahuka*, which may be correlated with Physiotherapy nowadays.

Modern perspective ¹⁰

Some of the common clinical conditions of modern science, which may be compared with that of *Apabahuka* are as follows –

- Adhesive capsulitis or frozen shoulder.
- Rotator cuff tendinitis and impingement syndrome
- Cervical spondylosis
- Bicipital tendinitis
- Osteoarthritis of shoulder joint etc.

Adhesive Capsulitis or Frozen Shoulder

Pain and restricted movement of the shoulder, usually in the absence of intrinsic shoulder disease, are night pain which disturbs their sleep. Main pathology is that the capsule of the shoulder is thickened and a mild chronic inflammatory infiltrate and fibrosis may be present

Rotator cuff tendinitis and Impingement syndrome

In this disease there will be a inflammation of the tendon, is one of the major cause of painful shoulder. Supraspinatus tendon is the most often affected. Clinical features include pain in the shoulder on abduction and external rotation, night pain, local tenderness and loss of range of movements.

Cervical spondylosis

Cervical spondylosis is the term given to the occurrence of Osteoarthritis in the cervical spine. Most commonly affected are C4-C5; C5-C6; C6-C7

vertebral levels. It is caused by a degeneration of the Intervertebral discs, which fragment, lose water content, and collapse with normal aging. Clinical features seen are pain in the neck that may radiate in the distribution of the affected nerve root, neck is held rigidly and neck movements may exacerbate pain, paraesthesia and sensory loss may be found in the affected segment.

Biceps tendinitis

Bicipital tendinitis can be defined as the inflammation of the tendon around the long head of the biceps muscle as it passes through the bicipital groove. Deep, throbbing ache in the anterior shoulder forms the main characteristic feature in this condition. Usually, pain is localized to the bicipital groove and often radiate towards the insertion of deltoid muscle or down to the hand in a radial distribution. Pain usually worsen at night, especially if patient sleeps on the affected shoulder.

Osteoarthritis of the shoulder

OA of the shoulder occurs due to destruction of the Articular Surface of the Humeral head and Glenoid, Resulting in pain and loss of function of the affected shoulder. It can be primary or secondary.

CONCLUSION

As *Apabahuka* is due to *Dhatu kshaya* or *kapha Aavarana* the morbid vata affects the *Sira, Snayu, Kandara Mamsa* and *Asthi Dhatu* at shoulder joint and it cannot be compared to any single Pathology in modern. *Apabahuka* is named after the site of the illness as well as clinical presentation.

As the Concept is about *Aavarana, Kaphavruta Vata Janya Apabahuka*, Which is caused by Indulgence or *Kaphakara Nidana*, Can be Treated *Nasyakarma Shodhana Shamana* and *Bahu Parivartana Chikitsa*.

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