



## Introduction to Role of Nasya Karma in the Management of Avabahuka (Frozen Shoulder).

**Dr. Shravani S. Patil<sup>1</sup>, Dr. Ravikumar Patil<sup>2</sup>**

<sup>1</sup>P.G. Scholar, Dept. of Panchkarma, Yashwant Ayurvedic College, P.G.T. & R.C, Kodoli.

<sup>2</sup>Professor & H.O.D., Dept. of Panchkarma, Yashwant Ayurvedic College, P.G.T. & R.C, Kodoli.

### ABSTRACT

Avabahuk, A condition described in Ayurvedic texts, bears a striking resemblance to the modern medical condition known as frozen shoulder or adhesive capsulitis. It is primarily a Vata-Kapha disorder affecting the Amsa sandhi (shoulder joint), characterised by pain, stiffness, and restricted range of motion. Among various Ayurvedic treatment modalities, Nasya Karma (nasal administration of medicated substances) holds a significant place, particularly in addressing disorders located in the Urdhva Jatru (region above the clavicle). This article explores the role of Nasya in the management of Avabahuka, its mechanisms, indications, and therapeutic benefits.

**Keywords:** *Avabahuka, Nasya, Frozen shoulder, Vata Dosha, Urdhwajatrugata Vikara, Shringataka Marma, Panchkarma.*

### INTRODUCTION

Avabahuka is classified in Ayurveda under Vata Vyadhi (Vata-dominant diseases). Vata vitiation at the amsa marma leads to loss of function and stiffness in the shoulder area.<sup>1</sup> This condition corresponds with frozen shoulder, which is marked by inflammation and fibrosis in the shoulder joint capsule. Frozen shoulder is also referred to as adhesive capsulitis and is defined as “a condition of uncertain aetiology characterised by significant restriction of both active and passive shoulder motion that occurs in the absence of a known intrinsic shoulder disorder”<sup>2</sup> [3] Avabahuk or the Frozen shoulder is thought to have an incidence of 3%-5% in the general population and up to 20% in those with diabetes.<sup>3</sup> Therapies that pacify

Vata and clear the channels (Strotasa) involved in such conditions<sup>4</sup>. The signs and symptoms of Vata Vyadhi, including Avabahuka, are described in detail in Ayurveda.<sup>5</sup>

### SAMPRAPTI OF AVABAHUK-

अंसदेशस्थितो वायुः शोषयित्वांसबन्धनम् ।

सिराश्चाकुञ्च्य तत्रस्थो जनयत्यवबाहुकम् ॥१.८२॥

सु.नि.१/८२

Avabahuka is a condition in which aggravated Vata dosha affects the Amsa Sandhi (shoulder joint), resulting in the degeneration of Shleshaka Kapha and constriction of the Siras (blood vessels and tissues). This leads to pain, stiffness, and restricted movement of the shoulder.

#### Purva Roopa-

1. Avayakta (few or no prodromal symptoms) in vatavyadhi.

#### Roopa (Signs and symptoms)-

1. Pain (a primary symptom of vitiated vata) in the shoulder.
2. Shoulder stiffness.
3. Limited shoulder joint range of motion.
4. Muscular atrophy (Sosha)

#### Chikitsa –

Ayurvedic texts provide a general treatment plan for( vatavyadhi) avabahuka, which includes

- i) Snehana (oiling both internally and externally with medicated oils).
- ii) Swedana (sudation with steam derived from vatashamaka drugs).
- iii) Basti (decoction or oil administered through the anal route, similar to an enema).
- iv) Agnikarma and oral medications (such as guggul, decoctions, etc.)
- v) Nasya (medication administered nasally), as Acharya Vagbhata mentions nasyakarma in the udarvajatrugata roga.
- vi)

## OBJECTIVE

- To evaluate the role and effectiveness of Nasya Karma in the management and symptomatic relief of Avabahuka (Frozen Shoulder).

## MATERIAL AND METHODOLOGY

- Avabahuk explained in Classical Ayurvedic texts, Charaka Samhita and Sushruta Samhita describe Vata Vyadhi. Madhav nidan and other classical texts associate avabahuk .
- research papers,
- In Modern Medicine, Frozen shoulder (Adhesive capsulitis) perspective.
- Clinical studies

## NASYA KARMA-AN OVERVIEW

“ औषधमौषधसिद्धोवास्नेहो नसिकाभ्यमदियतइति नस्यम् ॥”

(सु.चि. ४०२१)

Nasya is one most important treatment procedure among the *Panchakarma* therapy. It involves the nasal administration of medicated substances and is indicated for conditions above the clavicle (Urdhva Jatru Vikara) describe its use in neurological and musculoskeletal disorders of the head and neck.

### 1. Nasya as a Route of Drug Administration

“ नासा ही शिरसोद्वारं ॥”

- “Nāsa hi śiraso dvāram” – the nose is the gateway to the head. This highlights the anatomical and physiological proximity of the nasal passage to the cranial cavity, making it a suitable route for delivering medicines to Urdhwanga structures.
- The Brihana Nasya (nourishing type of Nasya) involves the administration of Sneha Dravya (medicated oil or ghee), which pacifies Vata Dosha and provides nourishment to the head and neck structures.

## 2. Mechanism of Action via Shringataka Marma <sup>6</sup>

- Nasya drugs are absorbed through the Shringataka Marma, a vital point where the channels of nose, ears, eyes, and tongue converge.
- From Shringataka, the medicine spreads to Skandha (shoulder), Amsa (upper back), and Greeva (neck) regions, exerting therapeutic effects on the afflicted areas.
- The principle of “Munja-Ishikavat” signifies When Nasya is administered, the doshas from the head are eliminated. Just as the inner stalk (ishika) of the munja grass can be pulled out without harming the outer layers, in the same way, Nasya removes the doshas subtly and without harming the head.”<sup>7</sup>

## 3. Action on Vata Dosha

- Since Vata is dry, cold, and mobile, Sneha-based Nasya (Brihana Nasya) provides unctuousness, warmth, and stability, countering Vata’s properties.<sup>1</sup>

It helps in:

- Lubricating the joints and soft tissues of the shoulder.
- Reducing stiffness and pain.
- Restoring normal function and movement.

Nasya, particularly Brihana Nasya, is a cornerstone therapy in the management of Avabahuka. It delivers medicines directly to the Urdhwajatrugata region through the nasal route, pacifies aggravated Vata, and nourishes the Shiro-Indriya and Amsa-Pradesha. Thus, Nasya not only provides symptomatic relief but also addresses the root cause of Avabahuka by balancing the deranged Doshas..<sup>8</sup>

## **MECHANISM OF ACTION**

### **Role of Nasya in Avabahuka (Frozen Shoulder):**

#### **1. Pacifies Vata Dosha:**

- Avabahuka is considered a Vata Vyadhi (neuromuscular condition).
- Nasya helps normalize aggravated Vata in the Urdhva Jatru (above the clavicle) region.<sup>4</sup>

**2. Removes Srotorodha (Obstruction in Channels):**

- Medicated oils used in Nasya (like Anu Taila, Bala Taila, Maha Narayana Taila) help clear the obstructed channels supplying the shoulder area.<sup>9</sup>

**3. Improves Shoulder Mobility:**

- Regular Nasya reduces stiffness and improves lubrication in joints, thereby enhancing the range of motion.<sup>10</sup>

**4. Reduces Pain and Inflammation:**

- Nasya oils have anti-inflammatory and analgesic properties that alleviate pain associated with frozen shoulder.

**5. Strengthens the Nervous System:**

- It nourishes and revitalizes the shira (head) and majja dhatu (nervous tissue), supporting nerve conduction and muscle control in the shoulder region.<sup>11</sup>

Type of Nasya	Description	Purpose
<b>Sneha Nasya</b>	Medicated oil drops (e.g., Anu Taila, Bala Taila)	Lubricates and pacifies Vata
<b>Marsha Nasya</b> <sup>6</sup>	Higher dose( 6/8/10drops)	Therapeutic for chronic conditions
<b>Pratimarsha Nasya</b> <sup>12</sup>	Daily-use low-dose (2 drops)	Preventive and maintenance as daily regimen

**MODE OF ADMINISTRATION-**

The procedure of nasya karma was performed for 7 days, 14 days, or 21 days, depending on the severity of the disease. This was administered in three stages: purva karma, pradhana karma, and paschat karma.<sup>13</sup>

**Purva karma-**

The procedure was performed in the 'Nasya room' at the Panchakarma theatre or a comfortable room free of dust, breeze, and sunlight.

- Blood pressure and pulse were measured before performing Nasya Karma for observation.
- The therapy started with bahya snehana (external application) of lukewarm taila over the shiras (head) and gentle oil massage over the gala (chin), kapola (cheeks), lalata (forehead), and karna (ears) for 10-15 minutes.
- Following snehana (oil massage), a clean cotton napkin dipped in a bowl of hot water was used for mild swedana (fomentation). The water was then completely removed by squeezing both ends of the napkin.
- With the eyes closed, the fomentation was applied to the region above the shoulders.

### ***Pradhan Karma***

- Patient was placed on a table in a supine position.
- The head bent at a 45-degree angle from the table edge.
- Patients were instructed to maintain a relaxed posture with limbs apart.
- Eyes were covered with four layers of folded cloth.
- The taila was placed in a small crucible with hot water to keep it tepid.
- The patient's head was slightly raised, the nostrils were widened with the index and little finger of the left hand, and bindu or taila was instilled in each nostril in a continuous stream using nasya pali (gokarnika). The taila was instilled gradually and in an uninterrupted stream known as "avicchinna dhara."
- Nasya karma was administered through one nostril with the other closed.
- The patient was instructed to slowly and forcefully inhale the medicine. The procedure was repeated in the other nostril as well.

### ***Paschat Karma-***

- As post-therapy instructions, patient was advised not to make any movements with his head for 100 matra and to relax in the same position for few minutes
- Slow, gentle massage of skanda (shoulders), karna (ears), hasta (palms), and padatala (plantar aspect of foot) was done for 3 to 5 minutes.
- Patients were instructed to gargle with hot water (kavalagraha).
- Avoid emotional disturbances, smoking, dust, and direct sunlight.
- Avoid consuming snigdha and abhishyandhi ahara (unctuous foods).
- They were also advised against taking head baths.

**OBSERVATION**

From both Ayurvedic and modern perspectives, Nasya Karma is consistently observed to be effective in conditions involving Vata imbalance, kapha imbalance, musculoskeletal stiffness, and restricted joint mobility, including Avabahuka.

**CONCLUSION**

Panchakarma treatment is thought to aid in the radical elimination of disease-causing factors while also maintaining dosha balance. Nasya karma, is one of the Panchakarma plays an important role in the Management of Urdhvajatrugata Vikaras.

Nasya refers to the administration of medicine through the nose. Nasa is referred to as Shiras' door<sup>8</sup>. Medicine given through the nose spreads through the Shiras and aids in evacuation of Dosha, which pacifies the Avabahuk. Since Nasya karma is the only Shodhana karma for Urdhwanga and the main treatment for illnesses above the clavicle, it also applies to Avabahuk. (Cha.Si.9/88).

Brihana Nasya delivers medicines directly to the Urdhwajatrugata region through the nasal route, pacifies aggravated Vata, and nourishes the Shiro-Indriya and Amsa-Pradesha. In conclusion, the Vatashmana and Brumhana karma of Nasya karma aid in Avabahuk.

**REFERENCES**

1. Sushruta Samhita of Maharshi Sushruta: With Ayurveda Tattva Sandipika Hindi commentary (K. A. Shastri, Ed.; 14th ed., Vols. 1–2, Nidānasthāna 1/82). Chaukhambha Sanskrit Sansthan. ( published1939)
2. Matsen FA, Zuckerman JD, Rokito S, et al. Definition of adhesive capsulitis. In: Dupuytren Disease and Related Diseases – The Cutting Edge. Springer; 2016. p. 363–369.
3. Manske RC, Prohaska D. Diagnosis and management of adhesive capsulitis. Curr Rev Musculoskelet Med. 2008;1:180–189. doi: 10.1007/s12178-008-9031-6.
4. Acharya Vidyadhar Shukla and Prof. Ravidutta Tripathi, Charak Samhita of agnivesha elaborated by charak and redacted by drudhabala (volume 2) edited with Vaidyamanorama Hindi commentary along with special deliberation etc choukhamba sanskrit pratishthan reprinted 2019 Ch.chi.28 Madhava Nidana – Vatavyadhi Nidana (Chapter 22)

5. Sharma s p editor Ashtang sangraha of vriddha vagbhata sutra sthana ch 29/3 Reprint choukhamba Sanskrit series office varanasi ,2012,223
6. Acharya Vidyadhar Shukla and Prof. Ravidutta Tripathi, Charak Samhita of agnivesha elaborated by charak and redacted by drudhabala (volume 2) edited with Vaidyamanorama Hindi commentary along with special deliberation etc choukhamba sanskrit pratishthan reprinted 2019 Ch.siddhi2/22
7. Dr.smt. Shailaja Shrivastava of Sharngdhar Samhita of acharya Sharangdhara with Jewanprada hindi commentary published by choukhamba Orientalia tritiya khanda chapter 8
8. Kaviraj Atrideva Gupta, editor. Astanga Hridayam of Vagbhata. ed. Reprint-2009. Vol. 1. Varanasi:Choukhamba Prakashan, 2009. Sutrasthana, Chapter 20
9. Kaviraj Atrideva Gupta, editor. Astanga Hridayam of Vagbhata. ed. Reprint-2009. Vol. 1. Varanasi:Choukhamba Prakashan, 2009. Sutrasthana, ChapteAshtanga Hridaya – Sutra Sthana 20/1–3
10. Acharya Vidyadhar Shukla and Prof. Ravidutta Tripathi, Charak Samhita of agnivesha elaborated by charak and redacted by drudhabala (volume 2) edited with Vaidyamanorama Hindi commentary along with special deliberation etc choukhamba sanskrit pratishthan reprinted 2019 Ch.siddhi sthana9/88
11. Garde G.K., editor, Sartha Vagbhata Marathi commentary. In Ashtanga Hridaya, edition 8, Pune, India.Raghuvanshi Publications, 1996, p. 87.
12. Kaviraj Atrideva Gupta, editor. Astanga Hridayam of Vagbhata. ed. Reprint-2009. Vol. 1. Varanasi:Choukhamba Prakashan, 2009. Sutrasthana, ChapteAṣṭāṅga Hṛdaya – Sutra Sthāna 20/17-22
13. Kaviraj Atrideva Gupta, editor. Astanga Hridayam of Vagbhata. ed. Reprint-2009. Vol. 1. Varanasi:Choukhamba Prakashan, 2009. Sutrasthana, ChapteAṣṭāṅga Hṛdaya Sūtrasthāna, Chapter 20 –
14. Acharya Vidyadhar Shukla and Prof. Ravidutta Tripathi, Charak Samhita of agnivesha elaborated by charak and redacted by drudhabala (volume 2) edited with Vaidyamanorama Hindi commentary along with special deliberation etc choukhamba sanskrit pratishthan reprinted 2019 Ch.Sutra15/3
15. Sharma s p editor Ashtang sangraha of vriddha vagbhata sutra sthana ch 29/3 Reprint choukhamba Sanskrit series office varanasi ,2012,223