A Comparative Study of Swalpa Masha Taila Nasya and Swalpa Masha Taila Uttarabhaktika Snehapana in the Management of an Avabahuka

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Abstract: Nasyakarma & Snehapana are among Panchakarma, specially indicated in Urdhwajatrugata vataja vikara. Apabahuka is one among vatavyadhi”s which hampers the normal function of upper limb due to Vataprakopa. Shoola and Bahupraspandahara are the clinical features of Apabahuka. Nasyakarma and Uttarabhaktika Snehapana have great significance in the treatment of Apabahuka. It is a comparative clinical study conducted to assess the efficacy of Nasyakarma and Uttarabhaktika Snehapana in Apabahuka.

Keywords: Brimhana Nasya, Uttarabhaktika Snehapan, Avabahuka.

INTRODUCTION

While classifying the diseases our Acharyas have thought-about Vata Vyadhis as a very important entity. The Vata Vyadhis underneath the heading of Ashta Mahagada. The illness of Apabahuka is one amongst them. This hampers the most of the foresaid functions of the hand. Loss of Bahu Praspandana, Stambha and genus Sula at the articulation sferoidea area unit the cardinal options of Apabahuka. Avabahuk can be compared with frozen shoulder. The term Apabahuka isn't mentioned within the Nanatmaja Vata Vyadhi, Acharya Sushruta has thought about avabahuk as a vata vyadhi, Madhava keeping under vatakapha pradhana vyadhi. Chikita of Apabahuka includes Nasya, Uttarabhoutiktika Snehapaana, Nasaapan, Shamaanashadhi Prayoga etc. The medications in this area unit have capable of resolution the samprapti of Apabahuka. Considering all the higher points, trying into the plight of patients with Apabahuka, the therapies like Nasya, with Swalpamasha Tailla and Uttarabhaktika Snehapana with Swalpa masha taila were employed in this study.

MATERIALS AND METHODS

A) Drug:-For nasya and Uttarabhaktika snehapana with Swalpamasha tail.
B) Instrument:-All nessecery utensils like nasya patra and Gas stove, Napkin, Towels for snehapana.
C) All the raw materials collection and preparation of swalpamasha tail prepared in Dept of Rasashatra and Bhaishajyakailpana of BMJ AMC Gajendragada as mentioned in classics.

METHODS

SELECTION OF THE PATIENTS

Patients of Avabahuka were selected randomly according to the classical signs and symptoms irrespective of sex, religion, occupation and socio economic status from O.P.D. & I.P.D section of Department of Pachakarma BMJ Ayurvedic Medical College, PG studies and research center Gajendragada.
INCLUSION CRITERIA

- Diagnosed cases of Avabahuka
- Patients within the age group of 20-65
- Patients fit for Nasya karma and Snehapana.

EXCLUSION CRITERIA

- Any other systemic disorders.
- Patients of shoulder joint dislocation/fracture.

Sample size and grouping: 60 Patients were selected and divided into 2 groups, each 30 patients by random sampling method.

1) GROUP-A: Swalpamasha tailam nasya with the Dosage of 4 drops in each nostril for 7 days.
2) GROUP-B: Svalpa masha tailam uttarabhaktika Snehapana 3 Aksha Pramana for 7 days with Ushnajala for 7 days.

Assessment variables: Patients were assessed by using Subjective and Objective parameters and severity of clinical conditions before, after treatment and follow up.

STUDY DURATION: Total duration: 28days. Treatment duration: 07 days. Patients were observed on daily basis, changes in the symptoms, and follow up after 21 days.

CRITERIA FOR ASSESSMENT: The grading score has given to the patients assessed on the basis of relief in the Cardinal & associated symptoms.

SUBJECTIVE PARAMETERS

A) Pain:-No pain -0, Mild pain -1, Moderate pain -2, severe pain -3.
B) Bahupraspandahara:-No stiffness-0, Mild stiffness-1, Moderate stiffness-2, severe stiffness-3.

OBJECTIVE PARAMETERS: Range of shoulder movements (Goniometric examination)

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Ant.Elevation</th>
<th>Int.Rotation</th>
<th>Ext.Rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>G0: &gt;160 &amp; &lt;180</td>
<td>G0: No pain, No stiffness.</td>
<td>G0: -No pain, No stiffness.</td>
</tr>
<tr>
<td>2</td>
<td>G1: &gt;120 &amp; &lt;160</td>
<td>G1: Mild pain and stiffness</td>
<td>G1: Mild pain and stiffness</td>
</tr>
</tbody>
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Results: The results were statistically interpreted based on subjective and objective parameters.

Table No 2: COMPARATIVE RESULTS OF GROUP-A and GROUP-B

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>GROUP-A</th>
<th>GROUP-B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signs and Symptoms</td>
<td>Mean score</td>
<td>% of relief</td>
</tr>
<tr>
<td>Shoola</td>
<td>2.27 BT, 0.94 FU</td>
<td>59%</td>
</tr>
<tr>
<td>Bahupraspandahara</td>
<td>2.20 BT, 1.26 FU</td>
<td>43%</td>
</tr>
<tr>
<td>Anterior Elevation</td>
<td>2.06 BT, 1.06 FU</td>
<td>49%</td>
</tr>
<tr>
<td>Internal Rotation</td>
<td>2.20 BT, 0.94 FU</td>
<td>57%</td>
</tr>
<tr>
<td>External Rotation</td>
<td>2.20 BT, 0.94 FU</td>
<td>57%</td>
</tr>
</tbody>
</table>
EFFECTS OF NASYA (Group-A): Statistically highly significant (p <0.0001) results were observed i.e 58.59% relief in shula, 42.72% relief in bahupraspandahara, 48.54% relief in anterior elevation, 57.27% relief in internal rotation and 57.27% relief in external rotation.

EFFECT OF UTTARABHAKTIKA SNEHAPANA (Group-B): Statistically highly significant results (p<0.0001) were observed i.e 41.54% relief in shula, 88.10% relief in bahupraspandahara, 81.93% relief in anterior elevation, 64.25% relief in internal rotation and 66.50% relief in external rotation. Comparison of the total effect of two groups had analysed. However, there was 60% improvement in Group A and 73% improvement in the Group B. The difference in treatment was 13%. But clinically Group B (Uttarabhaktika Snehapana) has got highly significance than Group A (Nasya).

DISCUSSION
Apabahuka is a disease caused by kupita vata dosha, localization around the amsa pradesha causing the shoshana of amsa sandhi, there by leading to akunchana of sira at that site and giving rise to bahupraspandaharatwam. In Apabahuka Vatahara and Brimhana Dravyas are useful in the form of Nasya and Snehapana. As aushadha kala of Vyana and Udanavata is adhobhakta, Uttarabhaktika Snehapana is useful respectively.

As in Apabahuka rookshadi gunas are dominant, vipareeta gunas like Snigdhadi are required, hence Swalp Mashataila is selected. As Masha is having Snigdha, Ushna and Guru guna do the shamana of Vataja gunas like ruksa, sheeta, laghu and also Bala and Shleshmaka. All painful vatavyadhi get aggravated by shaithyatha. It suggests that due to ushnaguna Masha helps in subside pain of apabahuka. In Ayurvedic classics, the mode of action of Nasya karma is explained indirectly. According to Charaka Samhita, the drug administered through the nose enters in the Uttamanga and eliminates the morbid doshas residing there. The measure adopted to bring about Snidhata in the body is known as Snehana.

As charaka has mentioned,
- Sneho Anilam Hanti - As Sneha is having exactly opposite Guna to Vata Dosha.
- Mrdu Karoti Deham - Mrdu qualities brings softness in Dosha Sanghata, Srotas and Deha.
- Malanam Vinihanti Sangam - Sneha removes Rukshata, Vishyanda and mala.

Swalpa Masha taila has madhura vipaka due to the madhura vipaka it does the Brimhana effect.

In the present context of Apabahuka has vitiata vata due to its Rookshadi qualities. To reduce this Rooksha quality and to normalize the Siras & Shleshaka kapha qualities, Brimhana Nasya and Snehapana is given.

CONCLUSION
The present study revealed that causes for the manifestation of disease Apabahuka. Vyana Vayu prakopa is the prime pathology of Apabahuka kapha avarana is also cascused for Apabahuk. Nasyakarma and Uttarabhaktika Snehapana are effective in eliminating Shula and Bahupraspandahara. In both the groups subjective and objective parameters shows statistically Highly Significance result (P< 0.0001).

Overall the Group B is more effective clinically and statistically than Group A in most all the parameters.

REFERENCES
