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

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**Abstract:** *Nasyakarma & Snehapana are among Panchakarma, specially indicated in Urdhwajatrugata vataja vikara<sup>1</sup>. 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<sup>2</sup>. It is a comparative clinical study conducted to assess the efficacy of Nasyakarma and Uttarabhaktika Snehapana in Apabahuka<sup>2</sup>.*

**Keywords:** *Brimhana Nasya, Uttarabhaktika Snehapana, Avabahuka.*

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### 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 Praspanada, Stambha<sup>3</sup> and genus Sula at the articulation spherioidea 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 vatakapra pradhana vyadhi . Chikitsa of Apabahuka includes Nasya, Uttarabhaktika Snehapana, Nasaapana, Shamanaushadhi 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 Taila and Uttarabhaktika Snehapana with Swalpa masha taila were employed in this study<sup>4</sup>.

### MATERIALS AND METHODS

A) Drug:-For nasya and Uttarabhaktika snehapana with Swalpamasha tail.

B) Instrument:-All necessary 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 Bhaishajayakailpana 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: Swalpa 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 No: 1**

Sl.No.	Ant.Elevation	Int.Rotation	Ext.Rotation
1	G0: >160 & <180	G0: No pain, No stiffness.	G0:-No pain, No stiffness.
2	G1: .>120 & <160	G1: Mild pain and stiffness	G1 : Mild pain and stiffness
3	G2: >60 & <120	G2: Moderate pain and stiffness.	G2: Moderate pain and stiffness.
4	G3: >0 & <60	G3: Severe pain and stiffness.	G3: Severs pain and stiffness.

**Results:-**The results were statistically interpreted based on subjective and objective parameters.

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

Characteristics	GROUP-A			GROUP-B		
Signs and Symptoms	Mean score		%of relief	Mean score		% of relief
	BT	FU		BT	FU	
Shoola	2.27	0.94	59%	2.07	1.20	42%
Bahupraspandahara	2.20	1.26	43%	2.27	0.27	88%
Anterior Elevation	2.06	1.06	49%	2.27	0.40	82%
Internal Rotation	2.20	0.94	57%	2.07	0.74	64%
External Rotation	2.20	0.94	57%	2.00	0.67	67%

**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, localizing 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<sup>3</sup>. 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<sup>5</sup>.

As in Apabahuka rookshadi gunas are dominant, vipareeta gunas like Snigdha are required, hence Swalp Mashataila is selected. As Masha is having Snigdha, Ushna and Guru guna do the shamana of Vataja gunas like ruksha, sheeta, laghu and also Bala and Shleshmakaraka<sup>6</sup>. All painful vatavyadhi get aggravated by shaithyatha. It suggests that due to ushna guna 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 Snigdha in the body is known as Snehana.

As charaka has mentioned<sup>7</sup>,

- 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 vitiated 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 caused 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 almost all the parameters.

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