



Efficacy Of Marma Chikitsa In The Management Of Avabahuk: A Case Report

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ABSTRACT

Avabahuk is an Ayurvedic disorder that is categorized as an Urdhwajatrugata Vyadhi (disease of the upper body/head region). It is characterized by discomfort and increasing stiffness and limited mobility of the shoulder joint. Clinically, it resembles adhesive capsulitis, often known as frozen shoulder, in contemporary medical terminology. The efficacy of Marma Chikitsa as the only therapy intervention is critically assessed in this case study for a 52-year-old male patient who had a major functional limitation associated with Avabahuk and a history of chronic right shoulder pain spanning one year. Targeted stimulation of particular Marma sites situated around the arm, upper back, and shoulder complex formed the basis of the treatment. The goal of this method was to directly combat the vitiation of the Vata and Kapha Doshas, which are linked to the pathophysiology of Avabahuk's joint discomfort and immobility. large clinical benefits were noted within a month of treatment, including a notable decrease in pain perception and a large increase in the shoulder's active and passive range of motion, all without any documented side effects. Modern physical therapy methods that emphasize neuromodulation and fascial release conceptually parallel the fundamental therapeutic tenets of Marma Chikitsa, which entail local tissue and energy modulation. According to this case, Marma Chikitsa provides a safe, affordable, and extremely successful substitute for traditional frozen shoulder treatments, which frequently include drawn-out recuperation, possible adverse effects, and expensive costs. This therapeutic approach was based on the strategic focus on increasing microcirculation, balancing Vata and Kapha, and restoring Prana flow. Although these results are quite positive, they highlight the need for more thorough, controlled clinical trials with bigger participant groups in order to validate this approach scientifically and create standardized Ayurvedic therapy guidelines for Avabahuk.

Keywords: Avabahuk, Frozen Shoulder, Marma Chikitsa, Vata-Kapha imbalance, Shoulder stiffness

INTRODUCTION

Avabahuk, a clinically established term in traditional Ayurvedic literature, refers to a crippling ailment of the Amsa Sandhi (shoulder joint). It is characterized by a growing stiffness and a slow emergence of deep-seated pain that eventually results in a marked decrease in shoulder mobility. This clinical picture closely resembles that of adhesive capsulitis, also known as frozen shoulder, a fibrotic and inflammatory ailment of the glenohumeral joint capsule in modern Western medicine. Ayurvedic pathophysiology postulates that Avabahuk primarily stems from the aggravated states of **Vata** and **Kapha Doshas** within the shoulder joint. This doshic imbalance leads to **Sanga** (obstruction) within the **Srotas** (microchannels) and subsequently to **Sthambha** (stiffness) and pain [1]. Conventional management strategies for Frozen Shoulder encompass a spectrum of interventions, including analgesics, extensive physical therapy, localized corticosteroid injections, and in recalcitrant cases, surgical procedures such as arthroscopic capsular release. While effective in some instances, these approaches are often associated with potential adverse effects, prolonged recovery periods, and substantial financial burden.

Ayurveda uses the concepts of Shamana (palliative care) and Shodhana (purification) to treat joint problems like Avabahuk. This example particularly examines a targeted Shamana strategy based on Marma Chikitsa, even though Shodhana might encompass a variety of cleansing techniques. As nexus sites of Prana (life force), marma points are thought of as essential energy hubs where anatomical systems like tendons, ligaments, muscles, bones, joints, and vessels converge [3,4]. It is said that stimulating these areas will correct doshic imbalances, reduce pain, and restore the harmonious flow of Prana. The clinical result of a 52-year-old male patient with Avabahuk who underwent an exclusive Marma Chikitsa treatment is described in this case study. This report's main goal is to carefully assess the safety and effectiveness of this specific Ayurvedic treatment in the overall treatment of Avabahuk.

Main Clinical Findings

The primary complaint of a 52-year-old male patient was that he had been experiencing increasing stiffness and pain in his right shoulder for almost a year. Significant functional restrictions were expressed by the patient, including trouble with everyday tasks like dressing, reaching up for objects, and sleeping comfortably on the side that was impacted. The discomfort was described as a dull, continuous ache that was made worse by exposure to cold environments and was broken up by sharper episodes when moving. All of his vital indicators were within normal physiological ranges, and his overall health status was described as stable. Importantly, no history of systemic diseases—particularly diabetes mellitus, which sometimes co-occurs with adhesive capsulitis—was documented. Upon clinical examination, the right shoulder's active and passive range of motion was found to be significantly restricted, with abduction, external rotation, and internal rotation showing the most severe limits. The patient denied having ever experienced severe acute shoulder complex trauma.

General Examination:

Given his age and constitutional structure, the person's body weight and fat distribution were within typical bounds, indicating a well-nourished physique.

Past History:

The patient reported no significant past medical history directly relevant to chronic joint pathologies.

Family History:

No known familial predisposition to similar joint conditions was reported by the patient.

Systemic Examination:

- **Ahara (Appetite):** Reported as balanced and regular.
- **Mal Pravritti (Bowel Habits):** Described as regular (1-2 evacuations daily) with complete evacuation, devoid of complaints of constipation or diarrhea.
- **Nadi (Pulse):** Recorded at 72 beats per minute, exhibiting normal rhythm and volume, suggestive of a balanced state of Vata and Pitta.
- **Rakta Chap (Blood Pressure):** Measured at 118/76 mmHg, falling within the normotensive range.
- **Shwasan Gati (Respiratory Rate):** Maintained at 18 breaths per minute.
- **Rakta Sharkara (Blood Sugar):** Random blood sugar level was 95 mg/dL.

Ayurvedic Examination:

- **Prakriti (Constitution):** Predominantly **Kapha-Vata Prakriti**.
- **Agni (Digestive Fire):** Assessed as **Samagni** (balanced digestive fire), inferred from consistent appetite, efficient digestion without associated indigestion or bloating, and regular bowel movements.
- **Dosha Imbalance:** Identified as a predominant **Vata and Kapha Vriddhi** (aggravation) localized within the Amsa Sandhi (shoulder joint), leading to manifest **Sanga** (obstruction) and **Sthambha** (stiffness). A possible underlying **Rasa Dhatu Kshaya** (depletion of plasma tissue) was inferred, potentially contributing to the dryness and diminished lubrication within the joint.
- **Srotas Involvement:** Implication of **Asthivaha Srotas** (channels nourishing bone tissue) and **Mamsavaha Srotas** (channels nourishing muscle tissue) was considered, impacting the structural integrity and functional capacity of the joint and surrounding musculature.

Manasika Bhava (Psychological State): The patient reported experiencing mild frustration stemming from the physical limitations imposed by the condition, but no significant psychological distress requiring intervention was noted.

Diagnosis

Avabahuk's unique clinical presentation—chronic, localized shoulder pain, growing stiffness, and severe range-of-motion restriction—led to a definitive diagnosis that was directly related to frozen shoulder (adhesive capsulitis). An underlying Kapha-Vata Prakriti with a primary Vikruti (pathological imbalance) affecting the Sandhi (joints) and Mamsa Dhatu (muscle tissue) within the shoulder region was revealed by a thorough Ayurvedic assessment that integrated insights from Ashtavidha Pariksha (eight-fold examination) and Dashavidha Pariksha (ten-fold examination), as shown in Tables 1a and 1b, respectively. The substantial participation of exacerbated Kapha and Vata was further supported by the widespread stiffness and severely restricted joint excursions that were seen. The vitiated Vata is the primary cause of discomfort and dryness in the context of Avabahuk pathophysiology, whilst the aggravated Kapha causes stiffness and blockage of the channels, both of which hinder normal joint function. Therefore, the treatment plan was carefully crafted to target both of these crucial pathologic elements solely by means of the accurate administration of Marma stimulation.

TABLE NO 1(a): Ashtavidha Pariksha

Parameter	Finding
Mala (stool)	Niram (normal consistency)
Mutra (urine)	Pale yellow
Jihwa (tongue)	Samanya (normal)
Shabda (voice)	Samanya (normal)
Sparsh (touch)	Ruksha (dry/rough)
Drika (eye sight)	Swetabh (normal)
Akriti (built)	Samanya (normal/average)

TABLE NO.1(b): Dashvidha Pariksha

Parameter	Finding
Prakruti	Kapha-Vata (Constitutional type)
Vikruti	Sandhi & Mamsa (Affected tissues)
Sara	Mamsa Sara (Good muscle tissue quality)
Samhanana	Madhyam (Moderate built)
Praman	Madhyam (Average body measurements)
Satmya	Sarvarasa (Adaptable to all tastes/foods)
Satva	Pravar (Strong mental fortitude)
Aharshakti	Madhyam (Moderate digestive capacity)
Vyayamshakti	Madhyam (Moderate exercise endurance)
Vaya	Madhyamavastha (Middle age)

Intervention

The patient underwent an exclusive **Marma Chikitsa** protocol for a comprehensive duration of **one month**, meticulously designed in accordance with classical Ayurvedic principles for the management of Avabahuk. The intervention focused solely on targeted Marma stimulation, complemented by gentle therapeutic exercises and personalized lifestyle recommendations.

Treatment Protocol

The Marma Chikitsa protocol was systematically applied as follows:

Poorva Karma (Pre-Treatment Procedures):

The patient was positioned comfortably to ensure relaxation and optimal access to the Marma points. No specific oleation or other preparatory procedures were utilized to highlight the direct effect of Marma stimulation.

Pradhana Karma (Main Procedure):

Specific Marma points relevant to the shoulder joint and upper limb were identified and systematically stimulated. The stimulation technique involved gentle yet firm thumb pressure applied in a circular motion. Each designated Marma point received stimulation for approximately **15-20 rotations** during each session. These sessions were performed **one time per day**. The practitioner meticulously focused on the energetic pathways and any discernible localized energetic blockages during the stimulation. The Marma points targeted were:

- **Amsaphalaka Marma:** Situated on the scapula (shoulder blade), crucial for shoulder girdle mobility.
- **Amsa Marma:** Located at the acromion process of the shoulder, directly influencing shoulder joint function.
- **Kakshadhara Marma:** Found in the axilla (armpit), significant for nerve and vascular supply to the arm and shoulder mobility.
- **Urvi Marma:** Positioned in the middle aspect of the upper arm, specifically within the deltoid region, impacting abduction and arm movement.
- **Bahvi Marma:** Located approximately in the middle of the humerus (upper arm bone), influencing arm movements.
- **Kurpara Marma:** Situated at the elbow joint, connected to the larger kinetic chain of the arm.
- **Ani Marma:** Located just above the elbow joint (proximal to Kurpara), also impacting elbow and shoulder coordination.
- **Manibandha Marma:** Positioned at the wrist joint, crucial for hand and forearm function, and distal influence on the upper limb.
- **Kshipra Marma:** Found in the web space between the thumb and index finger, often targeted for Vata relief and systemic balance.
- **Talahridaya Marma:** Located at the center of the palm, an important vital point influencing hand and arm energy.
- **Vidhura Marma:** Situated behind and below the earlobe, often used to release tension in the neck and upper shoulders.
- **Phana Marma:** Located on either side of the nostrils, indirectly influencing Prana Vayu balance and systemic relaxation, which can aid in muscle release.

Paschat Karma (Post-Treatment Care):

Following each Marma stimulation session, the practitioner performed gentle passive range of motion exercises on the affected shoulder. The patient was then guided through active range of motion exercises focusing on abduction, external rotation, and flexion of the shoulder, with specific instructions for continued home exercises to reinforce the therapeutic gains.

Duration and Follow-up:

The patient had been experiencing symptoms of Avabahuk for approximately one year prior to the initial consultation. The Marma Chikitsa protocol was consistently administered for a total treatment duration of **1 month**. The patient was advised to follow up for a comprehensive assessment immediately after the completion of the one-month treatment period, with subsequent follow-ups scheduled as deemed necessary based on his progress.

Outcome

A thorough assessment was carried out both prior to the start of the Marma Chikitsa program and following the conclusion of the one-month treatment period. Objective evaluation, including goniometric assessments of active and passive shoulder range of motion, was used to carefully record clinical progress. A significant and quantifiable increase in the right shoulder's active and passive range of motion in all planes of movement, especially abduction and external rotation, was one of the findings' most notable clinical improvements. At the same time, the patient reported a notable and subjective decrease in the severity of his pain, which significantly improved his capacity to carry out previously difficult daily tasks. Importantly, no side effects were noted or experienced during the course of the treatment.

Discussion

Because of chronic discomfort and functional incapacity, the growing prevalence of Avabahuk (Frozen Shoulder) poses a serious and growing threat to musculoskeletal health and has a substantial negative influence on a person's quality of life. Intense physical therapy and symptomatic pain treatment are common components of traditional Western medical interventions, which can call for invasive procedures like joint injections or surgical releases. Although some people find success with these methods, they can also be linked to a number of possible negative effects, lengthy recovery periods, and significant financial costs.

Marma Chikitsa and other Ayurvedic treatments provide a unique and comprehensive approach to treating these ailments. Marma points are thought of as complex neuro-energetic connections where Prana (life force energy) is focused and controlled, rather than just being anatomical locations. By directly affecting Prana flow and successfully removing Srotorodha (obstruction inside physiological channels) in the affected area, their exact stimulation is thought to have substantial neuro-muscular and energy impacts. Since the vitiated Vata and Kapha Doshas that reside in the shoulder joint are the main causes of pain and stiffness, the main goal of Marma Chikitsa in the framework of Avabahuk is to effectively calm them. In order to mobilize sluggish Kapha, local circulation (Rakta Gati) is increased by continuously stimulating important Marma sites such as Amsaphalaka, Amsa, Kakshadhara, Urvi, and Bahvi. This action restores the physiological activities of Vata, especially its role in aiding movement, in conjunction with the harmonizing influence on Prana Vayu. Distal Marma points such as Kurpara, Ani, Manibandha, Kshipra, and Talahridaya are included to guarantee a thorough approach that addresses the full kinetic chain and improves the diseased limb's overall Prana flow. Additionally, by emphasizing the interdependence of body systems, points like Vidhura and Phana help to relieve referred tension and foster a more comprehensive energetic balance that aids in joint repair. Dedicated daily stimulation of these particular Marma points for a month offers ongoing therapeutic input, effectively activating the body's own healing processes without the need for outside pharmaceuticals. This sets Marma Chikitsa out as a special and intriguing stand-alone treatment.

A carefully thought-out and regularly followed Marma Chikitsa procedure provides a very safe and effective way to manage Avabahuk, as evidenced by the case's compelling positive conclusion. This all-encompassing strategy offers a very promising therapeutic option since it uses energetic manipulation alone to immediately address any possible underlying doshic imbalances and local pathologies.

Conclusion

This case study offers strong proof of the substantial potential safety and effectiveness of a primary Marma Chikitsa approach in the all-encompassing treatment of Avabahuk (Frozen Shoulder). Within a comparatively brief one-month treatment period, significant improvements in shoulder range of motion and a noticeable decrease in pain were noted, clearly demonstrating the profound therapeutic potential inherent in traditional Ayurvedic interventions for this difficult musculoskeletal condition. The holistic methodological approach seems very promising, as it just uses the strategic stimulation of important Marma sites to address the localized pathology and the underlying doshic imbalances. However, these promising results clearly call for more thorough, extensive, and carefully monitored clinical trials to confirm the effectiveness, fine-tune the exact treatment plans, and solidify the essential role of Ayurveda—and especially Marma Chikitsa—as a practical and widely accepted treatment option for Avabahuk.

Informed Consent: The patient provided explicit written informed consent for participation in this case report and for the subsequent use of all related clinical data and images in its publication.

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