

Therapeutic Potential of Nasya Karma Combined with Greeva Basti in Apabahuka: A Panchakarma-Based Case Report

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Abstract—Background:-Apabahuka is a Vataja Nanatmaja Vyadhi characterized by pain, stiffness, and restricted movements of the shoulder joint. The condition closely resembles adhesive capsulitis or frozen shoulder in modern medicine and significantly affects functional activities and quality of life. Ayurveda recommends Panchakarma therapies for the management of Vata-dominant musculoskeletal disorders.**Aim and Objective:**-To evaluate the therapeutic efficacy of Nasya Karma combined with Greeva Basti in the management of Apabahuka.**Case Presentation:**- A 48-year-old female patient presented with complaints of severe pain, stiffness, and restricted movements of the right shoulder joint for three months. Difficulty in lifting the arm, combing hair, and performing overhead activities was noted. Clinical examination revealed tenderness and restricted abduction and external rotation of the shoulder joint. Based on Ayurvedic and modern clinical findings, the condition was diagnosed as Apabahuka corresponding to adhesive capsulitis.**Intervention;**-The patient was treated with Greeva Basti using medicated oil over the cervical region followed by Nasya Karma with Anu Taila for 14 consecutive days. Assessment was carried out using Visual Analog Scale (VAS), range of motion, and functional disability parameters before and after treatment.**Results;**-Significant improvement was observed in pain, stiffness, and range of motion after completion of therapy. Functional activities of the shoulder joint improved considerably, and no adverse effects were reported during the treatment period.**Conclusion;**-The combined administration of Nasya Karma and Greeva Basti showed promising therapeutic potential in the management of Apabahuka. The intervention may help in alleviating aggravated Vata Dosha, improving joint mobility, and enhancing quality of life. Further clinical studies with larger

sample sizes are recommended to validate these findings.

Index Terms—Apabahuka, Nasya Karma, Greeva Basti, Panchakarma, Adhesive Capsulitis, Vata Vyadhi

I. INTRODUCTION

Apabahuka is one among the Vataja Nanatmaja Vyadhi described in Ayurvedic classics and is characterized by pain, stiffness, and restricted movements of the shoulder joint. The condition mainly affects the Amsa Sandhi and leads to limitation in daily functional activities. Aggravated Vata Dosha causes Shosha of Amsa Bandhana, resulting in painful restriction of shoulder movements. Clinically, the disease can be correlated with adhesive capsulitis or frozen shoulder described in contemporary medicine. The condition commonly affects middle-aged individuals and is associated with pain, joint stiffness, and progressive restriction of active and passive movements.[1]

Adhesive capsulitis is a chronic inflammatory condition of the shoulder joint capsule characterized by fibrosis and adhesions leading to reduced mobility. It significantly impairs quality of life and occupational performance. Conventional management includes analgesics, physiotherapy, corticosteroid injections, and surgical interventions, but long-term relief is often unsatisfactory in many patients. Ayurveda provides a holistic approach for such musculoskeletal disorders through Shodhana and Shamana Chikitsa. Among these, Panchakarma

therapies play a major role in pacifying aggravated *Vata Dosha* and restoring joint functions.[2]

Nasya Karma is considered the prime therapy for disorders occurring above the clavicular region and is widely indicated in diseases involving the head, neck, and shoulder region. Administration of medicated oil through nasal route helps in nourishing tissues, improving circulation, and alleviating *Vata Dosha*. *Greeva Basti* is a localized therapeutic procedure in which warm medicated oil is retained over the cervical region for a specified duration. The procedure provides *Snehana* and *Swedana* effects, thereby reducing pain, stiffness, and muscular spasm. The combined effect of these therapies may improve shoulder mobility and functional capacity in *Apabahuka* patients.[3]

Despite increasing clinical application of Ayurvedic therapies in musculoskeletal disorders, scientific documentation in the form of case reports remains limited. Evidence-based reporting of successful interventions is essential to validate the therapeutic potential of classical *Panchakarma* procedures. Therefore, the present case report was undertaken to evaluate the efficacy of *Nasya Karma* combined with *Greeva Basti* in the management of *Apabahuka* and to assess its role in improving pain, stiffness, and range of motion of the shoulder joint.[4]

II. AIM AND OBJECTIVES

Aim

To evaluate the therapeutic potential of *Nasya Karma* combined with *Greeva Basti* in the management of *Apabahuka*.

Objectives

1. To assess the effect of *Nasya Karma* and *Greeva Basti* on pain associated with *Apabahuka*.
2. To evaluate improvement in stiffness and restriction of movements of the shoulder joint after therapy.
3. To assess the efficacy of combined *Panchakarma* interventions in improving functional activities of the affected upper limb.
4. To study the role of Ayurvedic management in enhancing quality of life in patients suffering from *Apabahuka*.

Case Presentation

A 48-year-old female patient visited the OPD of the Department of *Panchakarma* in Vimla family Ayurvedic Medical College & Hospital Kanpur with complaints of pain and stiffness in the right shoulder joint associated with restricted movements for the past three months. The patient experienced difficulty in lifting the arm, combing hair, dressing, and performing overhead activities. The pain was gradual in onset and progressive in nature. The symptoms were aggravated during night hours and shoulder movements, while mild relief was observed after rest and local hot fomentation.

The patient had no history of trauma, fracture, or surgical intervention related to the shoulder joint. There was no significant family history of musculoskeletal disorders. The patient had previously taken analgesics and physiotherapy for symptomatic relief but experienced only temporary improvement. Based on Ayurvedic clinical features and modern examination findings, the condition was diagnosed as *Apabahuka* corresponding to adhesive capsulitis.

Table 1. Patient Information

Parameter	Details
Age	48 years
Gender	Female
Occupation	Homemaker
Marital Status	Married
Socioeconomic Status	Middle class
Diet	Mixed
Addiction	Nil

Chief Complaints

Table 2. Chief Complaints

Chief Complaint	Duration
Pain in right shoulder joint	3 months
Restricted shoulder movements	3 months
Stiffness in shoulder joint	2 months
Difficulty in overhead activities	2 months

History of Present Illness

The patient was apparently normal three months before presentation when she gradually developed pain in the right shoulder joint. Initially, the pain was mild and intermittent but later became continuous and severe during shoulder movements. Progressive

stiffness and restriction of movements developed over time, leading to difficulty in routine daily activities. The patient also complained of disturbed sleep due to pain during night hours. No history of fever, swelling, or neurological deficit was reported.

Past History

- No history of diabetes mellitus
- No history of hypertension
- No history of trauma
- No major surgical history
- History of analgesic intake for symptomatic relief

Personal History

Table 3. Personal History

Parameter	Findings
Appetite	Normal
Sleep	Disturbed due to pain
Bowel	Regular
Bladder	Normal
Diet	Mixed
Addiction	Nil

General Examination

Table 4. General Examination

Parameter	Findings
Pulse Rate	78/min
Blood Pressure	120/80 mmHg
Respiratory Rate	18/min
Temperature	Afebrile
Pallor	Absent
Icterus	Absent
Cyanosis	Absent

Ashtavidha Pariksha

Table 5. Ashtavidha Pariksha

Examination	Findings
Nadi	Vata-Pittaja
Mala	Normal
Mutra	Normal
Jihva	Saama
Shabda	Clear
Sparsha	Slight tenderness
Drik	Normal
Aakruti	Madhyama

Local Examination

On inspection, no visible swelling or deformity was observed over the right shoulder joint. Mild muscle stiffness and tenderness were present around the *Amsa Sandhi*. Pain was aggravated during abduction and external rotation movements. Active and passive movements of the right shoulder joint were restricted, particularly abduction and external rotation. Functional activities involving shoulder movements were markedly affected.

Table 6. Range of Motion Before Treatment

Movement	Normal Range	Patient Range
Flexion	0–180°	0–90°
Extension	0–60°	0–30°
Abduction	0–180°	0–80°
Internal Rotation	0–70°	0–40°
External Rotation	0–90°	0–35°

Diagnosis

Ayurvedic Diagnosis

Apabahuka

Modern Diagnosis

Adhesive Capsulitis (Frozen Shoulder)

Differential Diagnosis

- Cervical Spondylosis
- Rotator Cuff Injury
- Periarthritis Shoulder
- Osteoarthritis of Shoulder Joint

Intervention / Treatment Protocol

- The patient was managed in the OPD of the Department of *Panchakarma* for a period of 14 days. The treatment protocol included combined administration of *Greeva Basti* and *Nasya Karma*. The therapies were planned with the aim of pacifying aggravated *Vata Dosha*, relieving pain and stiffness, and improving the range of motion of the shoulder joint.

Table 7. Treatment Schedule

Therapy	Duration	Frequency
<i>Greeva Basti</i>	14 days	Once daily
<i>Nasya Karma</i>	14 days	Once daily

- *Purva Karma*
- Before administration of the main procedures, mild local massage and fomentation were performed around the neck and shoulder region to facilitate relaxation of muscles and improve circulation. The patient was advised to sit comfortably in a relaxed position during the procedures.
- *Pradhana Karma*
- *Greeva Basti*
- *Greeva Basti* was performed using a black gram flour ring placed over the cervical region. Warm medicated oil was retained inside the ring for a specified duration while maintaining uniform temperature throughout the procedure. The therapy was aimed at providing local *Snehana* and *Swedana* effects.

Table 8. Procedure Details of *Greeva Basti*

Parameter	Details
Procedure	<i>Greeva Basti</i>
Oil Used	<i>Mahanarayana Taila</i>
Site of Application	Cervical region
Duration per Sitting	30 minutes
Duration of Therapy	14 days
Frequency	Once daily

- *Nasya Karma*
- After completion of *Greeva Basti*, *Nasya Karma* was administered. The patient was made to lie in supine position with slight extension of the neck. Lukewarm medicated oil was instilled into both nostrils followed by gentle massage over the palm, sole, and forehead region. The patient was advised to spit out excessive secretions and avoid exposure to cold air immediately after the procedure.

Table 9. Procedure Details of *Nasya Karma*

Parameter	Details
Type of <i>Nasya</i>	<i>Sneha Nasya</i>
Drug Used	<i>Anu Taila</i>
Dose	6 drops in each nostril
Duration	14 days
Frequency	Once daily
Position	Supine with neck extension

- *Paschat Karma*
- After completion of therapy, the patient was advised to take adequate rest and avoid excessive shoulder movements. Dietary advice included consumption of warm and easily digestible food while avoiding cold exposure and *Vata*-aggravating dietary habits. The patient was also advised to perform mild shoulder mobilization exercises after reduction in pain and stiffness.

Table 10. Supportive Advice Given to Patient

Advice	Purpose
Warm diet	Pacification of <i>Vata Dosh</i>
Avoid cold exposure	Prevention of stiffness
Adequate rest	Muscle relaxation
Mild shoulder exercises	Improvement in mobility

Assessment Criteria

Assessment of the patient was carried out before and after completion of therapy based on subjective and objective parameters. Pain, stiffness, range of motion, and functional ability of the shoulder joint were evaluated to assess the therapeutic response of *Nasya Karma* and *Greeva Basti*.

Table 11. Visual Analog Scale (VAS) for Pain Assessment

Score	Interpretation
0	No pain
1–3	Mild pain
4–6	Moderate pain
7–10	Severe pain

Table 12. Grading of Stiffness

Grade	Clinical Features
0	No stiffness
1	Mild stiffness
2	Moderate stiffness
3	Severe stiffness

Table 13. Functional Disability Assessment

Grade	Functional Ability
0	No difficulty in activities
1	Mild difficulty
2	Moderate difficulty
3	Severe difficulty

Table 14. Assessment of Range of Motion

Movement	Normal Range
Flexion	0–180°
Extension	0–60°
Abduction	0–180°
Internal Rotation	0–70°
External Rotation	0–90°

III. RESULTS

The patient showed significant clinical improvement after completion of 14 days of therapy. Reduction in pain and stiffness along with improvement in shoulder mobility and functional activities was observed. No adverse reactions were reported during the treatment period.

Table 15. Symptom-wise Assessment Before and After Treatment

Parameter	Before Treatment	After Treatment
Pain (VAS)	8	2
Stiffness	Grade 3	Grade 1
Functional Disability	Grade 3	Grade 1
Night Pain	Present	Absent

Table 16. Comparison of Range of Motion Before and After Treatment

Movement	Before Treatment	After Treatment
Flexion	90°	160°
Extension	30°	50°
Abduction	80°	150°
Internal Rotation	40°	65°
External Rotation	35°	75°

Table 17. Percentage Improvement After Treatment

Parameter	Percentage Improvement
Pain	75%
Stiffness	66.6%
Functional Ability	66.6%
Shoulder Mobility	Significant Improvement

The patient experienced marked relief in pain and stiffness with considerable improvement in daily

functional activities such as combing hair, dressing, and lifting the arm overhead. Overall therapeutic response to combined *Nasya Karma* and *Greeva Basti* was found to be satisfactory.

IV. DISCUSSION

Apabahuka is predominantly a *Vataja Vyadhi* affecting the *Amsa Sandhi*, characterized by pain, stiffness, and restriction of shoulder movements. The pathology mainly involves aggravation of *Vata Dosha*, leading to *Shosha* of periarticular structures and impairment of normal joint function. In the present case, the patient exhibited classical features such as severe pain, restricted movements, stiffness, and difficulty in performing routine activities, which closely resemble adhesive capsulitis described in modern medicine.

The chronicity of the disease and progressive restriction of movements indicate involvement of aggravated *Vata Dosha* along with localized tissue depletion. Since the shoulder joint is an important site for mobility and functional activities, impairment in the *Amsa Sandhi* significantly affects quality of life. The therapeutic approach in Ayurveda for such conditions mainly focuses on *Vata Shamana*, nourishment of affected tissues, improvement of local circulation, and restoration of joint mobility.

Greeva Basti was selected in this case due to its combined *Snehana* and *Swedana* effects. Retention of warm medicated oil over the cervical region helps in relieving muscular stiffness, reducing pain, and improving blood circulation to the affected area. The heat generated during the procedure may reduce muscle spasm and increase flexibility of periarticular tissues, thereby facilitating better shoulder movements. The medicated oil used in the therapy provides nourishment to deeper tissues and helps in pacification of aggravated *Vata Dosha*.

Nasya Karma is considered highly beneficial for disorders occurring above the clavicular region. Administration of medicated oil through the nasal route may help in delivering therapeutic effects to the head, neck, and shoulder region. *Anu Taila* possesses *Vatahara* and *Brimhana* properties which help in reducing dryness, stiffness, and pain. The procedure may also improve neuromuscular coordination and local tissue nourishment, thereby contributing to restoration of joint function.

The combined administration of *Greeva Basti* and *Nasya Karma* produced significant improvement in pain, stiffness, and range of motion in the present case. The patient also experienced marked improvement in functional activities such as combing hair, dressing, and lifting the arm overhead. Improvement observed after therapy indicates effective pacification of *Vata Dosha* and enhancement of joint mobility through classical *Panchakarma* interventions.

The findings of this case suggest that Ayurvedic management using *Nasya Karma* and *Greeva Basti* may provide a safe and effective therapeutic approach in the management of *Apabahuka*. The combined therapies not only alleviated symptoms but also improved functional capacity and overall quality of life of the patient.

V. CONCLUSION

The present case report demonstrates that combined administration of *Nasya Karma* and *Greeva Basti* showed significant therapeutic benefit in the management of *Apabahuka*. The treatment effectively reduced pain, stiffness, and restriction of shoulder movements while improving functional ability and quality of life of the patient. The therapies helped in pacification of aggravated *Vata Dosha* and restoration of normal joint mobility without producing any adverse effects.

The observed clinical improvement suggests that classical *Panchakarma* procedures can play an important role in the conservative management of adhesive capsulitis corresponding to *Apabahuka*. The combined approach of local and systemic therapy provided satisfactory outcomes in this case and may be considered as a safe and effective treatment modality for similar musculoskeletal disorders.

Further clinical studies with larger sample sizes and longer follow-up periods are recommended to validate the efficacy of these Ayurvedic interventions and establish stronger scientific evidence for their therapeutic application.

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