



International Journal of Indian Medicine

www.ijim.co.in

ISSN: 2582-7634

Volume - 5, Issue - 1
January 2024



IJIM

INDEXED



International Journal of Indian Medicine

Access the article online



International Category Code (ICC): ICC-1702

International Journal Address (IJA): IJA.ZONE/258276217634

Observational study of the Anatomical and structural changes of Amsa Marmghata in Bhujastambha

Patil A,¹ Sawant S,² Pandhire AS.³

1. M.D Scholar, Department of Sharir Rachana Dr. D. Y. Patil Deemed to be University, School Of Ayurveda, Navi Mumbai
2. Professor and HOD, Department of Sharir Rachana, Dr. D. Y. Patil Deemed to be University, School Of Ayurveda, Navi Mumbai
3. M.D Scholar, Department of Sharir Rachana Dr. D. Y. Patil Deemed to be University, School Of Ayurveda, Navi Mumbai

ABSTRACT:

Bhujastambha is a disease that usually affects the Amsa sandhi (shoulder joint). It is produced by the Vata dosha. Even though the term Apabahuka is not mentioned in the nanatmaja Vata vyadhi, Acharya Sushruta and others have considered Apabahuka as a Vataja vikara. Amsa shosha (wasting of the shoulder) can be considered as the preliminary stage of the disease, where loss or dryness of sleshaka kapha from Amsa sandhi occurs. Amsa marmaghat can be correlated with frozen shoulder due similarity in symptomology. Frozen shoulder (FS) mainly affects the older population, with a female predominance. The precise prevalence of FS is unknown, some studies have quoted prevalence of 2%–5% in the general population. In the ancient era, even after the best treatment available at that time, some sort of disability remained at end of the therapy. Nowadays, though super specialty modalities are available, is modern science capable of taking care of these disabilities? To rule out the above question, a study of marma sharira and Amsa Marma ghata is essential.

Key words : Bhujastambha, Amsa Marma ghata, Frozen shoulder

CORRESPONDING AUTHOR:

Dr. Aditi Bajrang Patil

M.D Scholar, Dr. D. Y. Patil Deemed to be University, School Of Ayurveda,
Nerul, Navi Mumbai. Email: patiladiti4695@gmail.com



How to cite this article: Patil A, Sawant S, Pandhire AS. Observational study of the Anatomical and structural changes of Amsa Marmghata in Bhujastambha. Int J Ind Med 2024;5(1): 48-54 DOI: <http://doi.org/10.55552/IJIM.2024.5108>

Introduction:

Bhujastambha is a disease that usually affects the Amsa sandhi (shoulder joint). It is produced by the Vata dosha.¹ Even though the term Apabahuka is not mentioned in the nanatmaja Vata vyadhi, Acharya Sushruta and others have considered Apabahuka as a Vataja vikara. Amsa shosha (wasting of the shoulder) can be considered as the preliminary stage of the disease, where loss or dryness of sleshaka kapha from amsa sandhi occurs.² Prushtha Marma are 14 in number those are Katikataruna, Kukundara, Nitamba, Parshwasandhi, Brahati, Amsaphalaka and Amsa and the structures related to shoulder region are the most exposed area to common injuries. The activities like weight lifting, swimming, cricket, fall on the outstretched arm causes the rupture of ligaments and muscles of shoulder joint, leads to disability of the Amsa sandhi and bahu. Therefore selecting out this topic for study will be a needful exercise for the subject Shareera Rachana. Symptomology like stabdhabahuta or bahukriyahara is almost an uncovered area of study. Hence the surgical and anatomical evaluation of stabdhabahuta symptom under Amsa Marma will be need for research. Asma marma is vaikalyakar marma (Causing deformity). Vaikalyakara marma are dominated by the attributes of jala mahabhuta. Jal mahabhuta is stable and cooling. So, any injury to this marma does not result in death but always cause a deformity that may persist forever.

Amsa marmaghat can be correlated with frozen shoulder due similarity in symptomology. Frozen shoulder (FS) mainly affects the older population, with a female predominance. The precise prevalence of FS is unknown, some studies have quoted prevalence of 2%–5% in the general population.³ Those with prolonged shoulder immobility (minor upper limb trauma, overuse injury, surgery, and/or neurosurgery) or systemic diseases (diabetes, thyroid disorders, osteoporosis, Dupuytren's contracture, cardiovascular disease, and stroke) are at a higher risk.⁴

Bhujastambha: This term is mentioned in Sharirsthana while explaining about the Amsa marmabhighata, he says injury to the Amsa marma leads to the Stabdhabahuta, this also called as Avabahuka. Here the broad meaning of stabdhabahuta is "Bahukriyanasha" according to Ayurveda Shabdakosha that means loss of functions of the upper limb. According to Acharya Vagbhata traumatological effect of Amsa marma is 'Bahukriyahara' means same as that of the meaning of stabdhabahuta.⁵ Bhujastambha though is not mentioned in the eighty different nanatmaja vata vyadhi listed in the sutrasthana citation of bahu shosha is available.⁶ Further more the treatment of bahu shirsa gata vata is elaborated in the chikitsa sthana. Avabahuka is mentioned in Sushruta Samhita⁷ along with the samprapti and rupa in nidana sthana. Rakta mokshana and rooksha sweda are cited as

treatment of choice for Avabahuka.⁸ In the nidana sthana of Astanga Hridaya⁹

Table no 1 The list of references in various texts regarding the Roopa is depicted in the below

Roopa	Sushruta	Vagbhata	Madhavakara	Kalyanakaraka	Vangasena
Bahupraspandhi Hara	+	+	+	+	+
Amsabandhana Sosha	+	+	+	+	+
Sthambha	+	+	+	+	+
Shoola	-	-	-	-	+

Samprapti:

The way in which the Dosha gets Vitiated and the course it follows for the manifestation of disease is called Samprapti. A proper understanding of samprapti is vital for the treatment since Chikitsa is illustrated in the Ayurvedic text is nothing but 'Samprapti Vighatana'. No specific Samprapti has been explained for Avabahuka. So it can be said that Samprapti of Avabahuka is same as that of general Samprapti of Vatavyadhi.¹⁰

Samprapti ghataka:¹¹

- Doshas : Vata & kapha
- Dushyas: Sira, snayu, khandaras, rasa, rakta, mamsa, asthi
- Srotasas : Rasa, rakta, mamsa, meda & asthi
- Srotodusti : Sanga
- Udhbhavasthana: Amashaya & pakwashaya
- Sancharasthana: Sira, snayu, khandaras
- Adhisthana: Amsapradesha
- Vyakta: Baahu praspandana hara
- Rogamarga : Bahya & madhyama.

OBJECTIVES

Primary Objectives :- To study the Anatomical and structural changes of Amsa Marmghata in Bhujastambha.

Other Objectives

- Conceptual study of Amsa Marma Shareera according to Ayurveda as well as modern view.
- To study the underlying structures of Amsa marma according to Ayurveda text and modern science.
- To study the Stabdhabahuta in Amsa marmabhighata on modern parameters.

METHODOLOGY

Study Design: Observational study.

Duration of Study: Approximately 2 years.

Setting and Study Population: The regular & camp patients coming to OPD of OPD of Dept. of Kayachikitsa & Shalyatantra Ayurved hospital and college was the population

Sampling technique: Non probability, convenient sample Hence sample size 30 patients has been taken for the study.

Methods of data collection relevant to objectives:

Informed, written and valid consent of the patient or relatives of the patient was taken prior to commencement of clinical trials and A proper and standard case record form was maintained. Total 30 patient of Bhujastambha were selected for the study to observe the Ayurvedic and modern parameters of Marma Ghata lakshana of Amsa marma like Shoulder Pain (Amsa Ruja), Restricted Movement. (Chestopaghata), Motor Weakness (Kriyahani), and Tenderness (Sparshaasahatva).

Observations

In observational study of Bhujastambha, parameters like Shoulder pain (Amsa ruja) 50% patients shows mild pain, in Motor weakness (kriyahani) 60% patients shows contraction with gravity eliminated alone, and in Tenderness (sparshaasahatva) 53.3% patients shows on

pressing pain appears on the face. Also Restricted movement (Chestopaghata), Up to 135° flexion Restricted movement was present in 30% of patients. Up to 20° Extension Restricted movement was present in 40 % of patients. Up to 30° Internal rotation in degree was present in 50 % of patients. Up to 60° External rotation in degree was present in 66.7 % of patients. Up to 135° Abduction movement was present in 63.33 % of patients and Up to 135° Adduction movement was present in 56.6 % of patients. Also patient shows significant difference by applying Chi squared equals in Flexion Movement (P value equals 0.0341), Internal Rotation(P value equals 0.0202), External Rotation(P value equals 0.0002), Abduction (P value equals 0.0003) and Adduction (P value equals 0.0001) but nonsignificant difference was found in Extension Movement (P value equals 0.6703), in the patient of Bhujastambha.

Table no 2. Shoulder pain (Amsa ruja) assessment by Visual Analogue Scale

Pain	Vas score	No of patients	%
No pain	0	0	0
Mild pain	1-3	15	50
Moderate pain	4-7	13	43.3
Severe pain	8-10	2	6.6

Table no.3. Tenderness (sparshaasahatva) assessment

Tenderness (sparshaasahatva)	Gradation	No of patients	%
Patient doesn't allow to touch the part	4	0	0
Allows touch/press, but then withdrawing the part	3	1	3.3
On pressing pain appears on the face of patient	2	16	53.3
On pressing patient tells, he is feeling pain but no sign in face	1	13	43.3
On pressing patient doesn't feel any pain	0	0	0

Table no. 4. Motor weakness (kriyahani).

Symptoms	Gradation	No of patients	%
Complete paralysis	4	0	0
Flicker of contraction	3	0	0
contraction with gravity eliminated alone	2	18	60
contraction against gravity and some resistance	1	12	40
contraction against opposed force	0	0	0

Table no. 5. Statistical analysis of subjective and objective parameters of 30 patients of Bhujastambha

Parameters	Mean	Std. Deviation	Std. Error
Shoulder pain (Amsa Ruja)	1.567	0.6261	0.1143
Motor weakness (kriyahani).	1.6	0.4983	0.09097
Tenderness (Sparshaasahatva	1.6	0.5632	0.1028
Flexion movement	1.967	0.9279	0.1694
Extension Movement	1.767	0.6261	0.1143
Internal Rotation	1.733	0.8277	0.1511
External Rotation	1.4	0.6215	0.1135
Abduction	1.367	0.4901	0.08949
Adduction	1.433	0.6261	0.1143

DISCUSSION

Amsa marma is a snayu marma structurally, traumatic effect on amsa marma (Snayu) leads to the functional deformity. So, it is known as Vaikalyakara Marma. Snayu marma leads to lakshanas viz. Koubjyam (Shortening), Sharir avayava saada i.e. svakarmanya asamrthyam (Loss of Functions), Kriyasvashaktiriti (Loss of movements like Abduction, Adduction, Flexion, Extension etc.), Ruja (Pain), Ayam, Akshep, Bhujastmbha. As per modern science three stages of progress of Frozen Shoulder are found mentioned viz.

1. Freezing stage

2. Frozen stage

3. Thawing stage.

The shoulder joint and its ligament can be taken for the Amsa Marma as per Prof. D.G. Thatte in his book surgical anatomy of Ayurveda. The trapezius and latissimus dorsi muscles are also included in this Marma, because these muscles help in the movements of Bahu. Vd. R.R. Pathak, Dr. Ashutosh K. Pathak and Dr. Patil counted this Marma as to be the coraco-clavicular ligaments, conoid ligament, trapezoid ligament, superior acromioclavicular ligament and coraco-acromial ligaments. In modern science, on the back, the following structure found at the site of Amsa

Marma - the shoulder joint, acromioclavicular joint, acromioclavicular ligament, coracoacromial ligament, Coracoclavicular ligament, coracohumeral ligament, rotator cuff muscles, subacromial bursa, and suprascapular nerve.

CONCLUSION

The location of Amsa Marma lies in between the deltoid prominence and root of the neck. That is where ligaments, subacromial bursa and rotator cuff tendons are present. the presence of ligaments at the site of Amsa Marma is indicative of Snayu Marma. The occurrence of Stabdhabahuta symptoms on injury to Amsa Marma indicates Vaikalyakar Marma. Also significant observations were found in Bhujastmbha in symptoms like Shoulder Pain (Amsa Ruja), Restricted Movement. (Chestopaghata), Motor Weakness (Kriyahani), and Tenderness (Sparshaasahatva).

REFERENCES:

1. Achary YT, editor. Nibandhasangraha commentary. 1st ed. Varanasi, Uttar Pradesh, India: Chaukhamba Surabharati Publication; 1994. Sushruta, Sushruta Samhita, with Dalhan; p. 288
2. Achary YT, editor. Nibandhasangraha commentary. 1st ed. Varanasi, Uttar Pradesh, India: Chaukhamba Surabharati Publication; 1994. Sushruta, Sushruta Samhita, with Dalhan.290
3. The clinical picture of the painful diabetic shoulder--natural history, social consequences, and analysis of concomitant hand syndrome. Moren-Hybbinette I, Moritz U, Schersten B. Acta Med Scand. 1987;221:73-82.
4. HW Stam, Frozen shoulder: a review of current concepts. Stam H. Physiotherapy. 1994;80:588-598.
5. Agnivesha, Charaka Samhita, Sutrasthana, Acharya Jadavji Trikamji, Choukambha publication, 2001 Varanasi. Pg no.78.
6. Agnivesha, Charaka Samhita, Chikitsa Sthana, chapt 28, Acharya Jadavji Trikamji, Choukambha publication, 2001 Varanasi. Pg no.616
7. Sushruta, Sushruta Samhita, Chikitsasthanna, chapt 5, sloka no 23 Acharya Jadavji Trikamji, Choukambha Orientalia 2003 Varanasi. Pp824.
8. Sushruta, Sushruta Samhita, Chikitsasthanna, chapt 5, sloka no 23 Acharya Jadavji Trikamji, Choukambha Orientalia 2003 Varanasi. Pp824.
9. Vagbhatacharya, Ashtanga Hrudaya, Nidanasthana, chap 15, Pandit. Bhisagacharya Harishastri paradkar vaidya, Nirnay Sagar Press, 2002, Varanasi, Pp-956.
10. Agnivesha, Charaka Samhita, Acharya Jadavji Trikamji, Choukambha publication, 2001 Varanasi. Page no. 250

11. Acharya Priyavat Sharma edited Susrutha Samhitha Nidanasthana Dalhana Teeka 1st chapter 82nd sloka.Reprint 2007.Chaukambha Orientalia Varanasi. Pg no.269.

Source of Support: None declared

Conflict of interest: Nil

© 2024 IJIM (International Journal of Indian Medicine) |
An Official Publication of ARCA- AYURVEDA RESEARCH & CAREER ACADEMY
Website: www.ijim.co.in Email: ijimjournal1@gmail.com