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“A Clinical Study to Evaluate Effect of Shuddha Bala Taila Nasya in the Management of Avabahuka W.S.R. To अवबाहौ हितं नस्यं स्नेहश्चोत्तरभक्तिकः।”

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ABSTRACT: Avabahuka (frozen shoulder), is a Vata-dominant Vikara characterized by shoulder pain (Bahu Shoola), stiffness (Bahu Stambha), and restricted mobility (Bahupraspanditaharatva). Nowadays, it is seen more frequently because of improper diet and behavioural habits. A randomized single-arm clinical trial was conducted on 30 patients diagnosed with Avabahuka. The treatment protocol involved initial Snehana and Swedana (Poorvakarma) followed by Marsha Nasya (Pradhanakarma) using Shuddha Bala Taila at a dosage of 8 Bindu per nostril for two 7-day sittings with a 3-day interval, as classical text Ashtanga Hridayam prescribes Brimhana type of Nasya for its management. Clinical assessment was performed using subjective parameters (Bahu Stambha and Bahu Shoola) with grading scales and objective assessment of shoulder movements using a goniometer. Statistical analysis was performed using the Wilcoxon Signed Rank Test. Significant improvement was observed in all assessed parameters ($P < 0.05$), with 62.50% improvement in Bahu Stambha, 66.67% in Bahu Shoola, and 56.57% overall improvement in shoulder movements. These therapeutic benefits are directly attributable to the Snigdha, Guru, Brimhana, and Vatashamaka properties of Shuddha Bala Taila, which pacify localized Vata and restore structural functional mobility, particularly in Swatantra Vataja Samprapti. Ultimately, the study confirms that Shuddha Bala Taila Nasya is an effective Ayurvedic intervention for relieving pain, overcoming stiffness, and restoring range of motion in patients suffering from Avabahuka, supporting the classical Ayurvedic principle, “अवबाहौ हितं नस्यं स्नेहश्चोत्तरभक्तिकः।”

v

INTRODUCTION

:

Avabahuka is a *Vata*-dominant disorder described in Ayurveda, characterized primarily by *Bahu Shoola* (shoulder pain), *Bahu Stambha* (stiffness), and *Bahupraspanditahara*[1] (restricted shoulder movements). It can significantly impair upper-limb function and interfere with routine activities and occupational performance. The clinical presentation of *Avabahuka* bears considerable resemblance to frozen shoulder (adhesive capsulitis), a musculoskeletal condition associated with progressive pain, stiffness, and restriction of both active and passive shoulder movements[2]. With increasing physical and occupational demands, shoulder dysfunction has become an important cause of functional limitation.

Ayurvedic management of *Avabahuka* emphasizes the use of *Nasya Karma*[3,4], particularly *Brimhana Nasya*[5], owing to its specific therapeutic action in *Urdhvajatrugata* disorders and its role in pacifying aggravated *Vata*. *Shuddha Bala Taila*[6], containing *Bala*, *Tila Taila*, and *Godugdha*, possesses *Brimhana* and *Vata-shamana* properties and is therefore considered a rational therapeutic choice for *Avabahuka*. Although *Nasya* and various Ayurvedic interventions have been investigated in the management of shoulder disorders, clinical evidence specifically evaluating *Shuddha Bala Taila Nasya* in *Avabahuka* remains limited.

Therefore, the present study was undertaken to evaluate the clinical effect of *Shuddha Bala Taila Nasya* in patients with *Avabahuka*, with particular emphasis on improvement in shoulder pain, stiffness, and range of movements.

Objectives:

· To evaluate the effect of *Shuddha Bala Taila Nasya* in the management of *Avabahuka*.

· To establish the concept of "अवबाहौ हितं नस्यं स्नेहश्चोत्तरभक्तिकः।" mentioned in *Ashtanga Hridayam.*

v **MATERIALS AND METHODS:**

Materials taken for the study was Shuddha Bala Taila. It was prepared in mini pharmacy of GAC&H, Balangir, under the supervision of experts from Rasa Shastra and Bhaishajya Kalpana Dept.

Methods –

Sampling: 30 Patients with confirmed diagnosis of Avabahuka (28 – Swatantra Vataja Samprapti and 02 – Vatakaphaja Samprapti) were selected from OPD & IPD of Government Ayurvedic Hospital and Sharadeswari Ayurvedic Hospital, Balangir.

Inclusion Criteria –

· Patients between 20–70 years of age

· Patients having signs and symptoms of *Avabahuka*

· Patients indicated (*Arha*) for *Nasya Karma*

· Patients irrespective of sex, occupation, religion, caste, and socioeconomic status

Exclusion Criteria –

· Patients below 20 years and above 70 years

· Patients having shoulder lesions of varied pathology other than *Avabahuka* (ex- fractures associated with shoulder region)

· Patients suffering from any other systemic disease, the treatment of which interferes with the Avabahuka treatment (ex- Diabetes Mellitus)

· Patients contra-indicated (*Anarha*) for *Nasya Karma*

Diagnostic Criteria –

Patients presenting with *Bahu Shoola*, *Bahu Stambha* and with restricted range of movements of Amsa Sandhi (*Bahupraspanditaharatva*) were diagnosed as Avabahuka.

Ethical Considerations:

· Ethical clearance was obtained from the IEC (Institutional Ethical Committee) before the commencement of the study.

· The study trial was get registered under CTRI (Clinical Trials Registry of India).

· Patients / Participants were selected only after explaining the nature, procedure, benefits, and possible complications of Nasya Karma.

· Written informed consent was obtained from all participants before enrolment in the study.

· Confidentiality of patient information was maintained throughout the study.

· Patients were given freedom to withdraw from the study at any time.

Investigations –

Complete Blood Count, Erythrocytic Sedimentation Rate, Random Blood Sugar levels

Study Design –

The study was designed as a Randomized Single Arm Clinical Trial Study.

Study Pattern:

BT → *Snehana, Swedana*, *Shuddha Bala Taila Nasya* → AT

Assessment Criteria –

The cardinal clinical manifestations, both symptoms and objective signs were scored according to the severity as follows;

Table 1, 2: Showing Subjective Parameters

Criteria for gradation – Bahu Stambha (Shoulder region stiffness)	Grade
No Stiffness	00
Mild Stiffness (Pt. able to perform daily activities without difficulty)	01
Moderate Stiffness (Pt. finds difficulty in performing daily activities)	02
Severe Stiffness (Pt. unable to perform daily activities)	03

Criteria for gradation – Bahu Shoola (Shoulder region pain)	Grade
No Pain	00
Mild Pain (Pain noticed but do not interfering with daily activities of Pt.)	01
Moderate Pain (Pain is hard to ignore, Pt. avoids to do daily activities)	02
Severe Pain (Pt.can not bear the pain and unable to do daily activities)	03

Table 3: Showing Objective Parameters

Movements	Degrees	Grade
	161° – 180°	00
Flexion	81° – 160°	01
(Akunchana)	20° – 80°	02
	Cannot flex	03
	41° – 60°	00
Extension	21° – 40°	01
(Prasarana)	10° – 20°	02
	Cannot extend	03
	161° – 180°	00
Abduction	81° – 160°	01
(Unnamana)	20° – 80°	02
	Cannot abduct	03
	21° – 30°	00
Adduction	11° – 20°	01
(Avanamana)	00° – 10°	02
	Cannot adduct	03
	Normal	00
Circumduction	Possible with mild pain	01

(Chakragati)	Possible with severe pain	02
	Cannot do circumduction	03

Table 4, 5: Showing criteria to assess the overall effect of Shuddha Bala Taila Nasya

PERCENTAGE	GRADE
0	0
0-33 %	1
34-66 %	2
67-100 %	3

IMPROVEMENT IN PERCENTAGE	RESPONSE OF THE DRUG
Below 25%	Poor/Unsatisfactory
26%-50%	Mild
51%-75%	Moderate
76%-100%	Remarkable

Intervention –

The treatment protocol included:

Poorva Karma-

• *Sthanik Snehana* with *Shuddha Bala Taila*
• *Sthanik Nadi Swedana* with *Dashamoola Kwatha*

Pradhana Karma-

• *Nasya* with *Shuddha Bala Taila*
• *Matra*: 8 *Bindu* in each nostril once daily in morning hours

Paschata Karma-

• *Gandusha* with *Sukhoshna Jala*

• Advice regarding *Pathya-Apathya* and *Pariharya Vishaya*

The treatment duration was 17 days consisting of two sittings of Nasya therapy of 7 days with a 3-day interval between sittings.

Follow-up assessments were conducted on:
• 8th day
• 18th day
• 30th day

All subjective and objective parameters were reassessed during follow-up visits.

Post treatment data were recorded.

Plan for Data Analysis:

Collected data were systematically tabulated and analyzed statistically.

Statistical Methods Used -

• Wilcoxon Signed Rank Test for subjective and objective parameters
• Test of significance using P-value

Interpretation-
• $P < 0.05$ was considered statistically significant.

OBSERVATIONS

RESULTS

:

A) Demographic Observations –

Table 6: Incidence of Demography of Registered Patients (n=30)

Criteria	Maximum Percentage	Category
Age	26.67%	41–50 Years
Gender	60.00%	Male
Religion	100 %	Hindu
Marital Status	76.67%	Married
Educational Status	100.00%	Literate
Socio-Economical Status	86.67%	Middle class
Occupation	36.66%	Housewife
Family History	86.67 %	Nil
Dietary Habit	66.67%	Mixed diet
Appetite	53.33%	Good
Sleep Habit	70.00%	Sound
Urination	90.00%	Normal
Bowel habit	60.00%	Satisfactory
Exercise / Activity	33.33%	Routine work only
Addiction	43.33%	Nil

Results of Subjective Parameters:

Table 7: Showing study findings in *Bahu Stambha* before and after treatment in patients (n=30)

Shoulder Stiffness (*Bahu Stambha*)	Mean	N	SD	SE	t-Value	P-Value	% Effect	Result
BT	1.87	2.00	0.63	0.11	-4.636	0.000	62.50	Sig
AT	0.70	1.00	0.79	0.15				

Table 8: Showing study findings in *Bahu Shoola* before and after treatment in patients (n=30)

Shoulder Pain (*Bahu Shoola*)	Mean	N	SD	SE	t-Value	P-Value	% Effect	Result
BT	1.90	2.00	0.71	0.13	-5.035	0.000	66.67	Sig
AT	0.63	1.00	0.61	0.11				

v **Results of Objective Parameters:**

Table 9: Showing study findings in Flexion before and after treatment in patients (n=30)

Flexion (*Akunchana*)	Mean	N	SD	SE	t-Value	P-Value	% Effect	Result
BT	1.37	1.00	0.49	0.09	-4.001	0.000	51.22	Sig
AT	0.67	1.00	0.55	0.10				

Table 10: Showing study findings in Extenion before and after treatment in patients (n=30)

Extension (*Prasarana*)	Mean	N	SD	SE	t-Value	P-Value	% Effect	Result
BT	1.40	1.00	0.50	0.09	-4.899	0.000	57.14	Sig
AT	0.60	1.00	0.62	0.11				

Table 11: Showing study findings in Abduction before and after treatment in patients (n=30)

Abduction (*Unnamana*)	Mean	N	SD	SE	t-Value	P-Value	% Effect	Result
BT	1.53	2.00	0.51	0.09	-4.347	0.000	52.17	Sig
AT	0.73	1.00	0.58	0.11				

Table 12: Showing study findings in Adduction before and after treatment in patients (n=30)

Adduction (*Avanamana*)	Mean	N	SD	SE	t-Value	P-Value	% Effect	Result
BT	1.43	1.00	0.50	0.09	-4.735	0.000	60.47	Sig
AT	0.57	1.00	0.50	0.09				

Table 13: Showing study findings in Circumduction before and after treatment in patients (n=30)

Circumduction (*Chakragati*)	Mean	N	SD	SE	t-Value	P-Value	% Effect	Result
BT	2.53	3.00	0.51	0.09	-4.939	0.000	61.84	Sig
AT	0.97	1.00	0.61	0.11				

Table 14: Showing Overall effect in patients (n=30)

Overall Effect	Frequency	Percentage
Remarkable	13	43.33%
Moderate	14	46.67%
Mild	3	10.00%
Poor / Unsatisfactory	0	0.00%
TOTAL	**30**	**100.00%**

DISCUSSION

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Discussion on Samprapti Ghataka of Avabahuka :

Table 15: Showing role of *Dosha-Guna* in the cardinal symptoms of Avabahuka

Sr. No.	Symptoms Of *Avabahuka*	Role of *Dosha – Guna*
1.	*Bahu Stambha* (Shoulder stiffness)	*Ruksha Guna Vriddhi* of *Vyana Vayu*
2.	*Bahu Shoola* (Shoulder pain)	*Laghu Guna Vriddhi* of *Vyana Vayu*

3.	*Bahupraspanditahara* (Restricted shoulder movements)	*Ruksha Guna Vriddhi* of *Vyana Vayu* & *Snigdha Guna Kshaya* of *Shleshaka Kapha*

Discussion on *Nasya Karmukata* (Mechanism of *Nasya*):

Following is the actual classical mode of action of *Nasya* explained in *Ashtanga Samgraha* [7]

Nasya Dravya instilled through nostrils (*Nasarandhra*)

Reaches *Shringhataka* (a *Sira Marma*) through *Nasa Strota*

Spreads in the *Shira* taking route of *Netra, Karna, Kantha* And

Siramukhas (opening of vessels)

Scratches the morbid *Doshas* present in *Jatru-urdhwa Pradesha*

Expels them from the *Uttamanga*

Discussion on probable mode of action of *Shuddha Bala Taila*:

Shuddha Bala Taila following the nasal route (as discussed in mechanism of *Nasya*) reaches the *Skandha Pradesha* and shows actions as follow;

***Guna* –**

Table 16: Showing property wise action of Shuddha Bala Taila on *Samprapti Ghataka* of *Avabahuka*

Sr. No.	Property of ***Shuddha Bala Taila***	Action on Samprapti Ghataka
1.	*Snigdha Guna*	Reduces *Ruksha Guna* of *Vyana Vayu* and therefore improves *Bahu Stambha*.
2.	*Guru Guna*	Reduces *Laghu Guna* of *Vyana Vayu* and therefore improves *Bahu Shoola*.
3.	*Snigdha Guna*	Reduces *Ruksha Guna* of *Vyana Vayu* and increases *Snigdha Guna* of *Shleshaka Kapha,* therefore improves *Bahupraspanditaharatva.*

Rasa –

Shuddha Bala Taila contains *Bala* as a main ingredient, along with *Go-ksheera* and *Tila Taila*. *Bala* and *Go-ksheera* both are of *Madhura Rasa*. So,the entire formulation acts by *Madhura Rasa* only (*Vyapadeshastu Bhooyasa*). *Madhura Rasa* is *Guru* (*Prithvi Mahabhoota*) and *Snigdha* (*Jala Mahabhoota*) . So, with its *Guru Guna* it reduces the *Laghu Guna* and with its *Snigdha Guna* it reduces *Ruksha Guna* of *Vyana Vata*. Also, it increases *Prakrut* (*Shleshaka*) *Kapha* at *Amsa Pradesha* and therefore it does the *Samprapti-bheda* in *Avabahuka*.

Karma –

Shuddha Bala Taila being *Balya*, it gives strength to the shoulder region and associated

structures, being *Vatashamaka* it pacifies the aggravated *Vata* and also being *Brimhana* again it additionally helps to pacify *Vata* because for *Vataja Vikaras Brimhana* itself act as *Shamana* [83], being *Snigdha* it nourishes the local *Mamsa*, *Sira*, *Snayu* and therefore helps in *Samprapti-bheda* in *Avabahuka*.

v **Mechanism of *Nasya* in *Avabahuka* (Modern Perspective)**

Instillation of Nasal drops into the nostrils Rapid absorption through nasal epithelium

Direct Nose to Brain transport following the Olfactory pathway

through Olfactory nerve (CN 1)

Crossing the Cribriform plate reaches Olfactory bulb and then enters into CNS

Neuromodulation of C5 – T1 Spinal segments supplying the shoulder via Brachial Plexus

Reduced excitability of Cervical Spinal Neurons Reduced inflammation and improved shoulder mobility

Discussion on Subjective Parameters:

***A) Bahu Sthambha* (Shoulder region stiffness) :-**

· The results showed 62.50 %, a significant improvement in *Bahu Stambha*. (P

- value < 0.05)

· *Bahu Stambha* is caused by *Ruksha Guna* of aggravated *Vyana Vata* (by *Sira Sankocha*) which was pacified by *Snigdha Guna* of *Shuddha Bala Taila* and hence *Stambhanasha* is seen in patients.

· *Bala, Tila Taila, Go-ksheera* all the ingredients of *Shuddha Bala Taila* were having *Snigdha* property and this makes the formulation more effective in reduction of stiffness.

· *Sthanik (Dashamoola) Nadi Swedana* was given as *Poorvakarma* (after *Abhyanga*). *Swedana* itself does the *Stambhaghna Karma* by its *Prabhava* and therefore it helps to reduce the stiffness of the shoulder region.

B) *Bahu Shoola* (Shoulder region pain) :-

· The results showed 66.67 %, a significant improvement in *Bahu Shoola.*(P - value < 0.05)

· Here, *Shuddha Bala Taila Sthanik Abhyanga* as *Poorvakarma* of *Nasya* and its *Nasya* as *Pradhana Karma* both acts successively to reduce the pain.

· *Bahu Shoola* is caused by *Laghu Guna* (*Akash,Vayu,Agni Mahabhoota Vriddhi*) of aggravated *Vyana Vata* which was pacified by *Guru, Brimhana Guna* of *Shuddha Bala Taila* and hence *Shoolaprashamana* is seen in the Patients.

v **Discussion on Objective Parameters:**

o ***Bahupraspanditahara* (Restricted movements of the shoulder joint):**

The results showed 56.57% (overall effect), a significant improvement in

Bahupraspanditaharatva. (P - value < 0.05)

Specifically, 51.22% improvement in flexion (*Akunchana*), 57.14% in extension (*Prasarana*), 52.17% in abduction (*Unnamana*), 60.47% in adduction (*Avanamana*), 61.84% improvement in circumduction (*Chakragati*) was found.

Bahupraspanditaharatva is caused by *Ruksha Guna* of aggravated *Vyana Vata* and hence, reduced *Snigdha Guna* of *Shleshaka Kapha* too. The *Snigdha Guna* of *Shuddha*

Bala Taila pacified the *Ruksha Guna* of *Vyana Vata*, increased *Snigdhata* of *Shleshaka Kapha* and thereby improved movements of shoulder joint.

Nidana (*Vataprakopaka*) *Parivarjana* and advised *Pathyakara* (*Vatashamaka*) *Ahara-Vihara Sevana* also helped in improving the disease condition.

Out of 30 patients, 28 patients (93.33%) showed *Swatantra Vataja Samprapti,* which was treated as discussed above.

Out of 30 patients, 2 patients (6.66%) showed *Vata-Kaphaja / Margavarodha Janya Samprapti*. This *Avarodha of Kapha* was removed by *Virechana* property of *Taila Kalpana*, because in *Ashtanga Hridayam*, *Taila Kalpana* is actually indicated for *Virechana Nasya*, which is indicated for *Kaphanashana*. Secondly, *Swedana Karma* (*Poorvakarma* of *Nasya*) also helped to remove the *Kaphavarodha*. *Swedana* was with *Dashamoola Siddha Nadi Sweda*, *Dashamoola* being good *Kaphanashaka* drug, it additionally helped to pacify *Kapha Dosha* and hence removed its *Avarodha*. Once *Kaphavarodha* got removed, the aggravated *Vata* was pacified as discussed above and hence disease condition was improved.

Limitations:

- The study was conducted in a specific geographical area - Balangir, Odisha.
- The study was limited to 30 patients only.
- It was a single-arm study without control group.
- Treatment duration was short (with one follow-up, 30 days).
- Imaging techniques MRI/USG/X-Ray was not included for structural assessment.

CONCLUSION

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The present study demonstrates that Snehana–Swedana Poorvaka *Shuddha Bala Taila Nasya* produced statistically significant improvement in both subjective and objective parameters in patients with *Avabahuka*. The overall clinical outcome showed remarkable improvement in 43.33% of patients, moderate improvement in 46.67%, and mild improvement in 10%, with no unsatisfactory or non-responsive cases. All 30 patients showed improvement, with acute cases showing comparatively better outcomes, while chronic cases demonstrated mild to moderate improvement. The findings support the classical indication of *Brimhana Nasya* in *Avabahuka* and substantiate the principle, "अवबाहौ हितं नस्यं स्नेहश्चोत्तरभक्तिकः।" The therapeutic effect may be attributed to the combined action of *Poorvakarma* and *Pradhanakarma*, facilitating *Vata* pacification, reduction in *Bahu Stambha* and *Bahu Shoola*, and improvement in *Bahupraspanditaharatva* (functional capacity).

Since 93.33% of the patients exhibited *Swatantra Vataja Samprapti*, the intervention appears particularly effective in *Swatantra Vataja Samprapti*-related *Avabahuka*, although improvement was also observed in patients with *Margavarodha Janya Samprapti*. *Shuddha Bala Taila Nasya*, as a *Brimhana* and *Vata-shamaka* intervention, addresses the underlying *Dosha* imbalance rather than providing only symptomatic relief. The therapy was well tolerated, non-invasive, cost-effective, and associated with no reported adverse effects or significant changes in hematological parameters. Thus, *Snehana–Swedana Poorvaka Shuddha Bala Taila Nasya* may be considered a safe and clinically effective approach for the management of *Avabahuka*.

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