

**“TO EVALUATE THE EFFICACY OF NASYA WITH MAHAMASHA TAILA
AND NASAAPANA WITH DASHAMOO LI BALAMASHA KWATH IN THE
MANAGEMENT OF AVABAHUKA WSR TO FROZEN SHOULDER”**

**Proforma for registration of topic for Ph.D Thesis
(Preliminary Synopsis)**

Submitted to



**RAJIV GANDHI UNIVERSITY OF HEALTH
SCIENCES, KARNATAKA, BANGALORE**

BY

**DR. PRAVEENKUMAR H BAGALI
M.D.Ayu. (Kayachiktsa)**

UNDER THE GUIDANCE OF

**DR. A.S.PRASHANTH
M.D. (Ay), Ph.D
RESEARCH GUIDE
PROFESSOR**

**DEPARTMENT OF POST-GRADUATE STUDIES IN KAYACHIKITSA
AYURVEDA MAHAVIDYALAYA, HUBLI.**

**DEPARTMENT OF POST-GRADUATE STUDIES IN KAYACHIKITSA
AYURVEDA MAHAVIDYALAYA
HUBLI.**

2013



ANNEXURE: IV

Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block, Jayanagar, Bangalore-560 041



Application for the Registration for the Ph.D Degree in the faculty of Indian System of Medicine as Full time Scholars in the Department of-Kayachikitsa

1.	Name in full (in capital letters)	DR. PRAVEENKUMAR H BAGALI				
2.	Permanent address in full Telephone No, Fax, e-mail, if any	DR. PRAVEENKUMAR.H.BAGALI S/O HANAMANTAPPA.B.BAGALI AT POST. DHULAKHED TALUK -INDI, DISTRICT -BIJAPUR KARNATAKA - 586 207 9739459376 drpraveenbagali@gmail.com				
3.	Address for correspondence Telephone No, Fax, e-mail, if any	DR. PRAVEENKUMAR.H.BAGALI S/O HANAMANTAPPA.B.BAGALI AT POST. DHULAKHED TALUK -INDI, DISTRICT -BIJAPUR KARNATAKA - 586 207 9739459376 drpraveenbagali@gmail.com				
4.	Sex	MALE				
5.	Nationality	INDIAN				
6.	Date of Birth (in figures)	20/01/1983 Twenty January nineteen eighty three				
7.	Details about Under-Graduate and Post-Graduate degrees					
Sl. No	Degree	Name of the College/Institution	Year of passing	Subjects studied	Division/ Grade	Percentage of Marks
1	BAMS	Mallikarjun Ayurvedic	May	Ayurveda	First class	66.08%



2.	M.D.	medical college Bijapur Ayurveda mahavidyalaya Hubli	2008 May 2011	Kayachikitsa	B Grade	-----
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8.	Title of the proposed research work/thesis for Ph.D with a Synopsis of the work to be carried out (enclose six copies of the Synopsis)	"TO EVALUATE THE EFFICACY OF NASYA WITH MAHAMASHA TAILA AND NASAAPANA WITH DASHAMOO LI BALAMASHA KWATH IN THE MANAGEMENT OF AVABAHUKA WSR TO FROZEN SHOULDER"
9.	College/Institution in which the candidate proposes to conduct the research work for Ph.D course	Ayurveda Mahavidyalaya, Hubli and BLDEA'S AVS AMV Bijapur
10.	Name, Qualifications & Designation of the Guide, who will be guiding the candidate	Dr.A.S.Prashanth, M.D.Ayu, Ph.D Professor, DEPARTMENT OF POST-GRADUATE STUDIES IN KAYACHIKITSA AYURVEDA MAHAVIDYALAYA, HUBLI.
11.	Whether at present candidate is getting any research fellowship/grant/scholarship If Yes, i) Name of the University/Institution ii) Year of fellowship/Grant iii) Duration of fellowship/Grant iv) Source of fellowship/Grant v) Value of fellowship/Grant & its tenure If No, How will you support yourself Financially during the Ph.D course?	No Self financial support
12.	Are you an employee? If so, furnish the details and produce No Objection Certificate from concerned employer	Yes NOC Attached
13.	Amount of the Fees paid [mention Challan/Receipt No. and date]	6500/Rs Ch no.-J.No.1298974 30/05/2013
14.	Whether all the documents listed in Annexure – III enclosed or not	ENCLOSED.



I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature for Ph.D degree is liable to be cancelled by the University.

Date: 30.05.2013

Place: HUBLI

Signature of the candidate

Remarks of the Guide:

**Signature, Name and
Seal of the Guide**

**Signature, Name and Seal of
Head of the Department**

**Signature, Name and Seal of
Dean/Director/Principal of the
College / Institution**



ANNEXURE: VI

Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block, Jayanagar, Bangalore-560 041

Proforma for registration of topic for Ph.D Thesis
(Preliminary Synopsis)

1	Name of the Candidate and Address (in block letters)	DR. PRAVEENKUMAR.H.BAGALI S/O HANAMANTAPPA.B.BAGALI AT POST. DHULAKHED TALUK -INDI, DISTRICT -BIJAPUR KARNATAKA - 586 207
2	Name of the Institution where the research is going to be carried	AYURVEDA MAHAVIDHYALAYA, HUBLI and BLDEA'S AVS AMV Bijapur
3	Name of the Faculty	AYURVEDA
4	Title of the Research topic	"TO EVALUATE THE EFFICACY OF NASYA WITH MAHAMASHA TAILA AND NASAAPANA WITH DASHAMOOI BALAMASHA KWATH IN THE MANAGEMENT OF AVABAHUKA WSR TO FROZEN SHOULDER"
5	<p>Brief resume of the intended Research work:</p> <p>5.1. Need for the study:</p> <p>Ayurveda emphasizes more upon normal maintenance of health, prevention and curing of diseases through systematic follow up of regimens. Ayurveda has given due importance to vata vyadhis.since the era of Vedas and later on in samhita kala the study of vata vyadhis have been done more elaborately.</p> <p>Amongst the category of diseases our acharyas have considered vata vyadhis as an important entity. They have mentioned these Vata vyadhis under the heading of Ashta mahagadhas, the disease Apabahuka is one among them, which is Vatapradhana vyadhi. Man has become more prone to many health problems due to altered food habits, life styles. If these problems are not dealt immediately they may lead to permanent disabilities.</p> <p>Apabahuka [Frozen Shoulder] is one of the commonest presentations faced in day to day practice. It is a major problem, affecting the Amsa sandhi. It is often said</p>	



that 'the pain is often severe enough to disturb the sleep'. As the name suggests, the sandhi affected is Amsa sandhi. Due to the nidanas, vata prakopa takes place and thus vitiated vata gets located at Amsamoola and constricts the Siras, which leads to the clinical features like "loss of movements specially the abduction, adduction, the elevation, depression, the medial rotation and lateral rotation of the arm which are reduced to about a quarter or half of their normal range of movements".

Apabahuka in modern can be correlated to Frozen Shoulder .It is common but ill understood affection of the Gleno humeral joint, characterized by pain and uniform limitation of all movements but without radiographic changes and with a tendency to slow spontaneous recovery under appropriate treatment. The exact cause is unknown; there is no evidence of infection, or any injury.

According to recent statistics it has an incidence of 0.24% per year in approximately 5% of patients, Frozen Shoulder may appear in both Shoulders, at different times or together people in fifth and sixth decades, and The condition usually develops after the age of 40.

It is believed that there is loss of resilience of the joint capsule with adhesions between synovial folds. The patient complains of severe aching pain in the Shoulder and upper arm, it is of gradual and spontaneous onset .on examination the only finding is uniform impairment of all Gleno humeral movements.

The modern treatment like analgesics and local intra articular injections of corticosteroids into joint followed by physiotherapy. though these are found to be value in relieving symptoms, but in some patients no satisfactory relief is found. And further, long-term use of these medicines would lead to adverse effects on the body.

Chikitsa sutra of Apabahuka includes Jambheera pinda sweda, Nasya & Nasaapana. The therapies those are capable of resolving the samprapti of Apabahuka i.e. mainly which serves the purpose of snehana swedana and which correct the dusti of involved srotas are advocated.

Considering all the above points, looking into the plight of patients with Apabahuka [Frozen Shoulder] and also the beneficial effect of Ayurvedic therapies like **Jambheera pinda sweda, Nasya with Mahamasha taila & Nasaapana with Dashamooli Balamasha kwatha.** in this regard, it is planned to undertake Apabahuka



for the present study.

a. Review of Literature:

1. Explanation of Apabahuka is found in sushruta samhita nidan sthana and Astanga hridaya. ^{1 2}
2. Astanga Hridayam chikitsa sthana explains in detail about Chikitsa of Apabahuka ³
3. Explanation of Frozen Shoulder is told in Davidson's Principles & Practice of Medicine and John Crawford Adams, David .L. Humble- Outlining of Orthopedics, ^{4 5}
4. Nasya Karma is explained in detail in Astanga Hridayam sutrasthan ⁶
5. Nasapana explained in Chakradatta vata vyadhi chikitsa. ⁷
6. Mahamasha taila is briefly explained in Bhaishajya Ratanavali ⁸
7. Dashamooli balamasha kwatha explained in Chakradatta vata vyadhi chikitsa ⁹
8. Ayurvedic treatment of kerala explains about Jambheera Pinda sweda ¹⁰

Previous work done:

- 1.1981- George P.J 'Classical management of Apabahuka GAC Trivendrum Kerala University Thiruvananthapuram.
- 2.1988- Philomana.P.J 'Apabahuka and its management 'Gamc Mysore.
- 3.1990 Jayan T S Assessment of the effect of conventional treatment & rehabilitation therapy in Abhighatajanya Apabahuka comparing with the conventional treatment alone Trivendrum Kerala University.
- 4.1997-Shukla Niranjana 'Effect of Nasya and abhyanga on Apabahuka w.s.r to masha taila Gopabandhu Ayurveda Mahavidyalaya utkal university Bhuvaneshwar.
- 5.2004-Naveen.C.J.A study on Apabahuka & its management through Nasya &



Vatagajankush Rasa Ayurveda Mahavidyalaya Hubli.RGUHS.

6.2008-PraveenKumar H Bagali Clinical management of Avabhauka through Nasya and Nasaapana. Ayurveda Mahavidyalaya Hubli.RGUHS

a. Research question:

The incidence of Avabahuka is increasing day by day. And moreover by the restricted movements of the affected joint, the life of the patient becomes miserable. The modern treatments like analgesics and local intra articular injections of corticosteroids into Gleno-humeral joint followed by physiotherapy. Though these are relieving symptoms, but satisfactory relief is not found.

Chikitsa sutra of Apabahuka includes Jambheera pinda swedana, Nasya, and Nasaapana. These therapies are assumed to resolve the samprapti of Apabahuka. Nasya is an effective therapy and widely practiced across the country, whereas Nasaapana yet another therapy need to be standardized which has got minimal textual explanations. During pilot study many practical difficulties were faced and that is why it is not yet explored. in order to standardize the nasaapana procedure it is selected for the present study.

Null Hypothesis and Alternative Hypothesis

H₀ - Jambheera pinda swedana, Nasya and Nasapana are not effective in Apabahuka

H₁ - Jambheera pinda swedana, Nasya are effective in Apabahuka

H₂ - Jambheera pinda swedana, Nasaapana are effective in Apabahuka

Aims and Objectives of Study:

1. To review the literature of Apabahuka in details according to Ayurveda.



2. To assess the role of Jambheera Pinda sweda & Nasya in the management of Apabahuka.
3. To assess the role of Jambheera Pinda sweda & Nasaapana in the management of Apabahuka
4. To find out an effective economic, easily available curative therapy for the treatment of Apabahuka.

Materials and Methods:-

Source of data

- a) **Patient:** Suffering from Apabahuka selected from IPD and OPD of Ayurveda Mahavidhyalaya and hospital, Hubli and BLDEA'S AVS AMV Bijapur will be selected.
- b) **Literary:** Literary review and Modern aspect will be reviewed from Ayurvedic classics and Modern text and updated with medical journals and necessary information will be collected from website sources.
- c) **Selection of drugs:** Selection of drugs from local market and local areas.
- d) **Preparation of Medicine:**
 - **Jambheera pinda sweda** –Performed according to Keraliya chikitsa text.
 - **Maha masha taila** – Prepared as per Bhaishajya Ratnavali.
 - **Dashamooli bala masha kwath-** Prepared according to Chakradatta text.

Method of collection of data

- a) **Study design:** Comparative prospective clinical study



b) Sample size:

Total 100 subjects of Avabahuka will be selected for clinical trial and made into two groups, 50 subjects in each group.

c) Inclusion criteria:

1. Subjects presenting with classical clinical features of Apabahuka (Frozen Shoulder).
2. Subjects with chronicity of disease pertaining from 3 months to 3 years.
3. Post Traumatic injuries.
4. Subjects fit for adopted treatments.

d) Exclusion criteria:

1. Auto immune disorders like SLE, RA etc.
2. Respiratory disorders like Bronchial asthma, Allergic bronchitis etc
3. Dislocation of Shoulder joint.
4. Uncontrolled metabolic disorders like Diabetes mellitus.

Diagnostic criteria:

Diagnosis is done based on the clinical features of Avabahuka and frozen shoulder.

Posology:

Total 100 Subjects will be selected for the study, 50 Subjects in Each group.

Group A-

Abhyanga followed by Jambeera Pinda swedana

Duration: 7 Days

Bruhmana Nasya - with Mahamasha taila

Duration: 7 Days [as Marsha Nasya]

Follow Up: 1 month.

Group B-

Abhyanga Followed by Jambheera Pinda swedana**Duration:** 7 Days**Nasapana** – with Dashamooli bala masha kwatha**Duration:** 7 Days**Follow Up:** 1 month.**Jambheera pinda sweda:****Ingredients:**

- | | |
|--------------------------------------|---|
| 1. Jambheera (chopped pieces)-750 gm | 5. Threads-as required |
| 2. Saindhava powder-30 gm | 6. Rasnadi chooma -5 gm |
| 3. Haridra powder-60 gm | 7. Mahamasha taila for talam-10 ml |
| 4. Cotton cloth (45cm X 45cm) - 4 | 8. Tila taila for reheating the pottali |

Preparation of pottali:

All the Ingredients are fried in appropriate quantity of oil and are divided into four equal parts and pottalis are made accordingly. Out of the four pottalis, the two pottalis should be heated by keeping on the hot pan containing tila taila. This pottali should be applied to the affected shoulder and Amsa pradesha as per the general procedure for 30 min.

Dashamoola Balamasha kwath:

- | | |
|---------------|--------------|
| 1. Bilwa | 8. Bruhati |
| 2. Agnimantha | 9. Kantakari |
| 3. Syonaka | 10. Gokshura |



- | | |
|-----------------|---------------------|
| 4. Patala | 11. Bala |
| 5. Gambhari | 12. Masha. |
| 6. Salaparni | 13. Taila 1 tola |
| 7. Prushnaparni | 14. Goghrita 1 tola |

Method of preparation:

First of all, the above drugs were made into small pieces (Yava Kutta). Then Kashaya is prepared by boiling Yava Kutta power with 32 tola of water and reducing to one fourth of the total quantity of water. Then 1 tola taila and 1 tola ghrita is to be added. This kwath was used for Nasaapana after evening meal.

Assessment of Result: The findings will be subjected to statistical analysis. The analysis of the effects of the therapy will be based on “z test & ANOVA test” application. The significance is discussed on the basis of the mean scores, percentage, and SD, SE, ‘z, f and ‘p’ values.

a) Subjective parameters:

Sandhi Shula (Joint Pain).

Sandhi Graha (Stiffness of joint).

b) Objective parameters:

Localized Swelling

On palpation-tenderness

Movements restricted

Objective Grading:

1) Localized Swelling:

- | | |
|------------------|---|
| a) No swelling – | 0 |
| b) Slight - | 1 |



c) Moderate -	2
d) Bulging beyond joint margins -	3
2) Palpation-tenderness:	
a) No tenderness -	0
b) Patient complains of pain -	1
c) Patient complains of pain and winces -	2
d) Patient complains of pain, winces and withdrew joint -	3
3) Sandhi Graha: (Gonio meter readings)	
A) Forward flexion:	
a) Up to 180 ⁰ -	0
b) Up to 135 ⁰ -	1
c) Up to 90 ⁰ -	2
d) Up to 45 ⁰ -	3
e) Cannot flex-	4
B) Hyper Extension:	
a) Up to 50 ⁰ -	0
b) Up to 30 ⁰ -	1
c) Up to 10 ⁰ -	2
d) Cannot hyper Extense -	3
C) Abduction:	
a) Up to 180 ⁰ -	0
b) Up to 135 ⁰ -	1

c) Up to 90 ⁰ -	2
d) Up to 45 ⁰ -	3
e) Cannot abduct-	4
D) Internal rotation:	
a) Up to 90 ⁰ -	0
b) Up to 60 ⁰ -	1
c) Up to 30 ⁰ -	2
d) Cannot rotate -	3
E) External rotation:	
a) Up to 90 ⁰ -	0
b) Up to 60 ⁰ -	1
c) Up to 30 ⁰ -	2
d) Cannot rotate-	3
5.2. List of references	
1 Priyavat sharma's sushruta samhita volume 2 nidan sthana chaukhamba publishers 1 st edition 2000 p.n 17 t.p 695	
2 Vagbhata, Astanga Hridayam volume 2 chaukhamba publishers 3 rd edition 1998 p.n 156 t.p 596	
3 Vagbhata, Astanga Hridayam translated by Dr K R Srikanthamurthy volume 2 chikitsasthan 3 rd edition 1998 p.n 505 t.p 596	
4 Davidson's Principles & Practice of Medicine, Churchill Livingstone, 19 th edition p.n 977 & 978 t.p 1274	
5 John Crawford Adams, David .L. Humble- Outlining of Orthopedics, Churchill Livingstone, 13 Edition p.n 226 & 227 t.p 461.	
6 Vagbhata, Astanga Hridayam translated by Dr K R Srikanthamurthy volume 1 sutrasthan 3 rd edition 1986 p.n 255 t.p 514	
7 Chakrapanidatta, Chakradatta Vata vyadhi chikitsa 22/26.	



	<p>8 Kaviraj Shri Ambikadatta shastry, Bhaishajya Ratanavali vidyotini hindi vyakhya teeka</p> <p>9 Chakrapanidatta, Chakradatta Vata vyadhi chikitsa 22/26.</p> <p>10 Ayurvedic treatment of kerala p.n 97 to 99 t.p 123</p>
6	<p>Has ethical clearance been obtained from your institution (Copy of the certificate to be attached)</p> <p style="text-align: center;">YES</p>
7.	<p>Signature of the candidate</p> <p>Date: Place: HUBLI</p>
8	<p>Remarks by the Guide</p> <p>Signature:</p> <p>Name: DR. A.S.PRASHANTH M.D. (Ay), Ph.D RESEARCH GUIDE PROFESSOR DEPARTMENT OF POST-GRADUATE STUDIES IN KAYACHIKITSA AYURVEDA MAHAVIDYALAYA, HUBLI.</p> <p>Date: Place: HUBLI</p>
9.	<p>Remarks of the Head of the Department</p> <p>Signature:</p> <p>Name:</p> <p>Date: Place: HUBLI</p>
10.	<p>Remarks of the Principal</p>



	<p>Signature:</p> <p>Name: DR.P.G.SUBBANAGOUDA M.D (Ay.)</p> <p>Date: Place: HUBLI</p>
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