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# AYURVEDIC MANAGEMENT OF ROTATOR CUFF INJURY (*AVABAHUKA / SNAYU MARMA ABHIGHATA*)

*A DETAILED CASE REPORT*

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**Abstract**
**Background:** Rotator cuff injuries are a leading cause of chronic shoulder pain and functional disability. In Ayurveda, these presentations are categorized under *Avabahuka* and *Snayu Marma Abhighata*. **Methods:** A 58-year-old male with an MRI-confirmed full-thickness rotator cuff tear and poorly controlled Type 2 Diabetes Mellitus was treated with a multimodal Ayurvedic protocol. Treatment included internal medications (*Rasnerandadi Kashayam*), external therapies (*Jadamayadi Lepam*) and *Panchakarma* (*Nasya, Njavara Theppu*), integrated with structured physiotherapy. **Results:** Following the inpatient protocol, the patient achieved an increase in flexion from 40° to 180° and abduction from 25° to 120°. Pain was completely resolved, and the patient regained the ability to perform activities of daily living (ADL) without surgical intervention. **Conclusion:** Ayurvedic management serves as an effective non-surgical alternative for chronic musculoskeletal injuries, even in patients with complex systemic comorbidities.

**Keywords:** Rotator cuff injury; *Avabahuka*; *Snayu Marma*; Shoulder pain; Ayurvedic management.

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## Introduction

The shoulder joint's wide range of motion makes it highly susceptible to degenerative and traumatic injuries. Rotator cuff pathology accounts for approximately 10% of first-time shoulder pain presentations in primary care, increasing significantly after age 50 [3]. While conventional management relies on NSAIDs, corticosteroid injections, or surgery, these options are often limited by comorbidities like diabetes or cardiovascular disease.

In Ayurveda, this condition is correlated with *Avabahuka*. According to *Sushruta Samhita*, injury to the *Amsa Marma* (vital point of the shoulder) leads to *Stabdha Bahuta* (rigidity of the arm) [1]. The pathogenesis involves *Vata Dosha* localizing in the *Snayu* (tendons/ligaments) and *Sandhi* (joints), leading to the constriction of vessels and loss of function.[2]

## Case presentation

### Patient Information

A 58-year-old male patient presented with severe pain in the right shoulder and an inability to lift the right arm for the past eight months. The symptoms originated following a scooter accident. He had a medical history of Type 2 Diabetes Mellitus (HbA1c: 8.4%) and Coronary Artery Disease (CAD).

### Clinical Findings

- **Physical Examination:** Severe tenderness over the greater tuberosity.
- **Range of Motion (ROM):** Active flexion was limited to 40°; active abduction was limited to 25°.
- **Special Tests:** Positive "Empty Can" test and "Drop Arm" test, suggesting supraspinatus tear.
- **Ayurvedic Assessment:** *Vata-Kapha* dominance; *Dhatu Kshaya* (tissue depletion) evidenced by muscle wasting around the deltoid.

**Diagnostic Assessment**

**MRI Right Shoulder:** Revealed a full-thickness tear of the supraspinatus and infraspinatus tendons, subacromial impingement, and biceps tenosynovitis [4].

**Therapeutic intervention**

The treatment was divided into three phases aimed at *Shothahara* (anti-inflammatory), *Vata-Shamana* (pacifying Vata), and *Brimhana* (nourishing/strengthening).

**Internal Medications**

The patient received internal medications as part of the treatment protocol. These included *Rasnerandadi Kashayam, Kaishora Guggulu,* and *Gandha Taila*. Specific administration details were followed as prescribed.

**External and Panchakarma Procedures**

The external and Panchakarma treatments were administered in phases:

- **Phase 1 (Days 1–7):** Focused on reducing acute inflammation and *Amadosha* using *Dhanyamla Dhara* and *Kadikizhi*.
- **Phase 2 (Days 8–21):** Incorporated *Abhyanga* with *Murivenna* followed by *Patra Pinda Sweda*.
- **Phase 3 (Days 22–35):** Included *Nasya* with *Ksheerabala 101* and *Njavara Theppu* for tissue rejuvenation.

**Rehabilitation**

Standardized physiotherapy, including passive pendulum exercises and progressive isometric strengthening, was integrated into the daily treatment plan.

**Outcomes and follow-up**

The patient demonstrated notable improvements:

- **Pain:** The pain level reduced significantly.
- **Flexion:** Active flexion improved from 40° to 180°.
- **Abduction:** Active abduction increased from 25° to 120°.
- **Functional Status:** The patient was able to resume full occupational activities. A 6-month follow-up confirmed the sustained positive results.

**Discussion**

The Ayurvedic approach to *Avabahuka* aims to address the accumulation of *Vata* in the shoulder joint (*Amsa Sandhi*). *Rasnerandadi Kashayam* is known for its systemic anti-inflammatory properties, while *Gandha Taila* is traditionally used to support the healing of *Snayu* and *Asthi* [6].

*Nasya* is considered a significant therapy in Ayurveda, particularly for conditions affecting the head and neck region, including the shoulders. It is believed to help regulate *Vata* and nourish the relevant nerves and tendons [7,8]. In this case, the combined application of *Snehana* (oleation) and *Brimhana* (nourishment) through therapies like *Njavara* contributed to the structural and functional recovery, presenting a potential non-surgical option for patients, including those with comorbidities like diabetes.

**Conclusion**

This case study suggests that a comprehensive, phased Ayurvedic protocol involving internal and external therapies, along with rehabilitation, may be effective in managing full-thickness rotator cuff tears. Such integrated approaches can be considered as a non-surgical option, particularly for patients where surgery might be contraindicated or less desirable.

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