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TREATMENT OF FROZEN SHOULDER THROUGH COMBINATION OF SIDDHA AND HOMOEOPATHY- A CLINICAL STUDY

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ABSTRACT

Frozen shoulder is painful condition, often prolonged and disabling that shows little result with standard treatment. As well as interfering with domestic and social activities, it can affect the ability to work. Patients usually recover, but they may never regain their full range of movement with allopathic mode of treatment. Although for most people frozen shoulder is a self-limiting condition of approximately 1–3 years' duration; people with the condition may struggle with basic daily activities and be worn down by sleep disturbance as a result of the pain. This report presents 10 patients treated by using a combination of Siddha and Homoeopathy for treatment of frozen shoulder. The results are promising and suggest a larger study with longer follow up duration.

KEYWORDS: Frozen shoulder, Homoeopathy, Siddha, Varmam.

INTRODUCTION

Frozen shoulder is a condition in which movement of the shoulder becomes restricted. [4] The condition can vary in severity from mild pain and/or less significant restriction of movement to severe pain and/or severely restricted movement. [4] The key characteristics of this condition are gradual onset of shoulder stiffness, severe pain, especially at night, and restriction in active and passive range of movement of the shoulder. [4] Frozen shoulder can be described as either primary (idiopathic), if the aetiology is unknown, or secondary, when it can be attributed to another cause.

The condition is rare under the age of 40; the peak age is 56². It is more common in women. People who have experienced prolonged immobility or reduced mobility of their shoulder are at higher risk of developing frozen shoulder. People who have certain medical problems like diabetes, hyperthyroidism, hypothyroidism, cardiovascular disease and Parkinsonism appear to be predisposed to develop frozen shoulder.

Frozen shoulder and Diabetes: Frozen shoulder is just one of five musculoskeletal complications that can affect people with diabetes. It is postulated that excess glucose impacts the collagen in the shoulder. Collagen is a major building block in the ligaments that hold the bones together in a joint. When sugar molecules attach to the collagen, it can make the collagen sticky. The buildup

then causes the affected shoulder to stiffen, and the pain prevents you from moving your arm. Frozen shoulder is estimated to affect about 20% of people with diabetes, compared with only 5% of people without diabetes, so clearly high blood sugar is a big risk factor. [21]

It was first described in 1875 by the French pathologist Duplay, who named it péri-arthrite scapula-humérale. [4] The most well-known definition and name for the condition was provided in 1934 by an American surgeon EA Codman. [5] He defined it as coming on slowly 'with pain usually felt near the insertion of the deltoid; inability to sleep on the affected side; painful and incomplete elevation and external rotation; restriction of both spasmodic and mildly adherent type; atrophy of the spinati; little local tenderness; [and] X-rays negative except for bone atrophy' and named it 'frozen shoulder'. [5] However, there is an acknowledged absence of a specific definition of the condition [6,7] and of a diagnostic label^[7], with additional names for frozen shoulder including adhesive capsulitis, painful stiff shoulder, retractile capsulitis, Checkrein shoulder, monoarticular arthritis and steroid-sensitive arthritis. [8]

Frozen shoulder is typically characterised as having three overlapping phases. [9]

1. Phase 1, in which there is progressive stiffening and loss of motion in the shoulder with increasing pain on

movement, which may be worse at night (months 2–9), usually referred to as the painful phase.

- 2. Phase 2, in which there is a gradual decrease in pain but stiffness remains and there is considerable restriction in the range of movement (months 4–12), usually referred to as the stiffening or 'freezing' phase.
- 3. Phase 3, in which there is an improvement in range of movement (months 12–42), usually referred to as the resolution phase.

There are different views about the underlying fundamental process: inflammation, scarring and scarring produced in reaction to inflammation.

Siddha system of medicine emphazise different modalities of treatment. Among them, drugless therapy is considered to be supremo and varma therapy comes under this category. This is a unique therapeutic technique in Siddha. Varmam also called vital points. Pranic energy is found concentrated in these points, which upon manipulation produces curative effect. Depletion or stagnation of the flow of Pranan or vital energy in the varmam points leads to disorders/diseases. Through the right usage of varmam technique, physical and mental energy can be increased/decreased/redirected in appropriate manner. Varmam serves as a bridge or doorway between the body, mind and soul. In general there are 108 varma points in our body. Among them 12 are termed as major vital points, called paduvarmam and the remaining minor points are called as Thoduvarmam. In Siddha system of medicine, Frozen shoulder is considered as Kumbavatham, one of the vatha disease mentioned in the text Yugi Vaithya Chinthamani. In siddha text Yugi vaithya chinthamani, it was mentioned as pain in the shoulder and upper limb, pricking pain in the cheek and jaw region along with inability in flexion and extension.[19]

Homeopathy is a holistic system of medicine that believes that body and mind are integrated. German physician Dr. Samuel Hahnemann, the founder of Homoeopathy; emphasised that no two persons are alike and each is different in his physical, mental and behavioural patterns in his momentous work "Organon of Medicine". Homoeopathy attempts to go to the root level of disease in each individual patient by studying the physical make-up of the patient as well as the intellectual and mental characteristics. This process is called 'individualization'. Homoeopathic literature gives detailed description of musculo-skeletal disorders including frozen shoulder with their treatment. Homoeopathic medicines are regarded as effective and safe treatment for wide number of acute and chronic diseases.[12,13]

Management of this disorder focuses on restoring joint movement and reducing shoulder pain, involving medications, physical therapy and/or surgical intervention. Treatment may continue for months, there is no strong evidence to favour any particular approach. There is tentative evidence that low level laser therapy may help. Medications frequently used include NSAIDs; corticosteroids are used in some cases either through local injection or systemically. Physiotherapists may include massage therapy and daily extensive stretching. If these measures are unsuccessful, manipulation of the shoulder under general anaesthesia to break up the adhesions is sometimes used. All above mentioned remedies involve much risk and untoward effects of the drugs. Since only NSAIDS, anti-inflammatory medicines cannot control the disease, Varma therapy which is non invasive, simple, effective along with individualised homoeopathic medicine that is cost effective and easy to take may play a crucial role for the management of Frozen Shoulder.

METHODOLOGY

Patients with Frozen shoulder who are willing to take Homoeopathic medicine along with Siddha Varma therapy were selected and asked to visit the OPD for 40 days. Totally 10 Patients with different age group, gender and socio-economic status were randomly selected, on the basis of following criteria.

Inclusion Criteria

- 1. Patients of both sexes between the age group 30 to 60vrs.
- 2. Pain in the shoulder and upper limb.
- 3. Inability in abduction, flexion and extension.
- 4. With or without diabetic.
- 5. Unilateral or bilateral involvement.

Exclusion Criteria

- 1. Patients below age 30yrs & above 60yrs of either sex.
- 2. Traumatic history.
- 3. Fracture within Glenohumeral joint.
- 4. Other type of systemic involvement like Gouty, Rheumatoid arthritis, SLE and Psoriatic arthritis.
- 5. Pregnant women.

Treatment protocol for Siddha Varma therapy Stimulation of following Varma points for 40 days, once in a day.

Varma Points

- 1. Mozhi piralgai (Sondhari varmam-midpoint of interdigital cleft between middle and ring finger). Kavuli kaalam(web space(dorsal side) the thumb and index finger PI.L3.UIh-3).
- 2. Chavvu Varmam (Mundaga varmam- 6 finger breadth above from midpoint of elbow joint(anterior) A.L.UIa-60).
- 3. Enthi kaalam(1 finger breadth anterior to midpoint of axilla Am.L4.UIS-8) Piratharai(near to armpit in posterior side Pm.L3.UIS-8).
- 4. Kakkatai Kaalam (mid way between the neck and head of arms, 4 finger above from midline of clavicle).

5. Kaiketti Varmam (2 finger breadth below from medial angle of scapula, P.L3.T5).

Each varma point will be stimulated with pressure mentioned in text and may vary according to patients pirakuruthi (body constitution). [14-18]

Treatment protocol for Homoeopathic medicine: The patients were prescribed single suitable homoeopathic medicine in 30/200 potency after consulting standard Material Medica/ Repertory.

Outcome measures: Shoulder Pain and Disability Index (SPADI) was used to measure results in the patient.

Name: ______ Date: _____ Instructions: Please answer the following questions by writing a number from 0-10 in the blank provided. If you feel a questions does not pertain to you please put a NA (not applicable) in the space. We will ask you to repeat this index in order to help our facility keep track of our treatment outcomes.

	Pain scale: On a scale of 0-10, How severe is your pain	n
	0 = "no pain at all"	
	1. At its worst?	
	2. When lying on the involved side?	
	3. Reaching for something on a high shelf?	
	4. Touching the back of your neck?	
	5. Pushing with the involved arm	
	Disability scale: On a scale of 0-10, How much difficu	lty do you have
	0 = "no difficulty"1	0 = "so difficult it required help"
	1. Washing your hair?	
	2. Washing your back?	
-	3. Putting on an undershirt or pullover sweater?	
	4. Putting on a shirt that buttons down the front?	
	5. Putting on your pants?	
	6. Placing on object on a high shelf?	
	7. Carrying a heavy object of 10 pounds?	
	8. Removing something form your back pocket?	
To	1 2	one: Initial / Re-eval / Discharge Diagnosis
		al # of treatments:
Pa	ain Scale Score:	
Di	isability Scale Score:	
То	otal Score:	

[Scoring: Summate the scores and divide by the highest score possible (130 if all questions answered). If an item is deemed not applicable, no score is calculated. Multiply the total score by 100.]. [20]

OBSERVATIONS AND RESULTS

The SPADI index of total 10 patients both before and after treatment i.e Individualised Homoeopathic

medicine along with Siddha Varma therapy was listed table 1.

Table. 1: Overall effect on the assessment criteria.

S. No	Assessment Criteria's	Before Treatment (n=10) Mean ±S D	After Treatment (n=10) Mean ± S D	T value	P value
1	Pain scale score	73.8±10.432	27±6.616	-11.98	< 0.0001
2	Disability scale	67.12±13.466	27±7.643	-8.19	< 0.0001

Table. 2: Patient characteristics.

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Characteristics	N=10			
Mean age + SD (range)	48.1 + 9.960			
Male (%)	7(70%)			
Female (%)	3(30%)			
Duration of complaints in months + SD (range)	2.2 + 0.788			
History of Diabetes mellitus	6(60%)			

DISCUSSION

Published literature has indicated limitation of allopathic treatment of frozen shoulder. Nearly all patients suffering from frozen shoulder recover, but full range of movement may never return. [2] Varma is a specialized field of Siddha pertained to cure neurological weakness, neuromuscular problems, migraine convulsions, arthritis, spinal problems, muscle wasting and to wail away intense pain. By enhancing the bioenergetic flow, varma therapy retails a feeling of wellness. Varma therapy along with individualised homoeopathic medicine plays a vital role for the management of frozen shoulder. Varmam therapy is non invasive, simple and effective, Known and well trained physician can do anywhere. No need of special environment to execute this. Simple consultation room is enough.

Homoeopathy is increasingly becoming the treatment of choice among patients for musculoskeletal diseases including frozen shoulder. Homoeopathic medicines were prescribed in 30/200 potency after detailed case taking, case analysis and repertorization along with Varmam therapy for 40 days. A total of 6 homeopathic remedies were prescribed for frozen shoulder after individualising the case. The most prescribed remedies were Bryonia Alba (2), Rhus toxicodendron (2) and Rhododendron (2). Calcarea phos, Causticum, Kalmia latifolia, and Phosphorus were prescribed to one patient each. Patients reported significant improvement in all subjective and objective parameters. The results of Pain scale score, Disability score, before and after treatment were highly significant which is evident from the P value = < 0.0001. The results of this study gives hope to take this study to higher level.

CONCLUSION

This study is useful for a large population of patients diagnosed as frozen shoulder who continue to suffer due lack of a viable treatment option. Combined treatment with Siddha and Homoeopathy has definite results in frozen shoulder. We need for a large sample size and the potentially long follow-up duration to further validate the results.

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