

A Review on Parinatakeriksheera Taila for Avabahuka

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ABSTRACT

Avabahuka is a disease that usually affects the amsa sandhi.¹(shoulder joint)It is produced by vata dosha or vata kapha dosha. This review article explores the therapeutic efficacy of Parinatakeriksheera Tailam, an Ayurvedic herbal oil, in the management of Avabahuka² (frozen shoulder).It is characterised by stiffness and severe pain in shoulder joint often resulting in restricted mobility and significant discomfort. The study synthesizes available literature on the formulation, preparation, and pharmacological actions of Parinatakeriksheera Tailam³ highlighting its anti-inflammatory, analgesic, and neuroprotective properties. The synergistic effects of its ingredients are discussed in relation to their ability to reduce pain, improve shoulder mobility, and enhance overall joint function. The findings suggest that Parinatakeriksheera Tailam offers a valuable alternative treatment for Avabahuka, providing a holistic and natural approach to managing shoulder pain and stiffness.

Keywords: Avabahuka, amsa sandhi, parinatakeriksheerataila

INTRODUCTION

Avabahuka commonly known as frozen shoulder is a debilitating condition,characterized by pain,stiffness and limited mobility of shoulder joint. This condition affects millions of people worldwide causing significant discomfort reduced quality of life and economic burden. In ayurveda it is one among vataja vyadi according to sushruta⁴ It can be considered as adhesive capsulitis or frozen shoulder. Due to vata prakopa the aggravated vata affects the normal functions of muscle of shoulder and back and causes blockages in sira and causes difficulty in normal movement of shoulder.⁵ In today world where a person becomes habitat to sedentary lifestyle it leads to kupita vata dosha or kupita vata kapha dosha which causes avabahuka. Parinatakeriksheera taila ,a traditional ayurvedic medicated oil has been used for centuries to manage *avabahuka* . It is a formulation which has been quoted in Sahasrayogam. It contains *haridra,narikelaksheera,jambeera ,tilataila,suradhoopa*. Parinatakeriksheera taila helps to break down samprapti of avabahuka by ushnaveerya which helps to alleviate aggravated *vata,vatakapha Bruhmana* property, *Karshana* property.

DRUG DESCRIPTION

Following ingredients are used for preparation of *parinatakeriksheera taila*

KALKA DRAVYA

1. Haridra⁶
2. Sura dhoopa⁷

SNEHA DRAVYAS

3. Tila taila⁸

DRAVA DRAVYA

4. Parinatakeriksheera⁹
5. Jambheera phalodaka¹⁰

TABLE NO 1

DRUGNAME	LATIN NAME	PARTUSED
HARIDRA	<i>Curcuma longa Linn.</i>	RHIZOME
SURADHOOPA	<i>Vateria indica Linn.</i>	EXUDATE
NARIKELA	<i>Cocos nucifera Linn.</i>	SEED KERNEL
JAMBEERA	<i>Citrus limon Linn.</i>	FRUIT
TILA TAILA	<i>Sesamum indicum Linn.</i>	DRIED SEED

Sr.No	Ingredients	Rasa	Guna	Virya	Vipaka	Chemical constituents	Doshaghna	Karma
1	Haridra	Tikta katu kashaya	Laghu, ruksha	ushna	katu	procurcumen	kaphavatahara	Varnya lekhana
2	Sarja rasa	Tikta kashaya	Laghu, ruksha	ushna	madhura	Triterpinic acid	tridoshaghna	varnya
3	Narikela	Madhura	Guru, snigdha	sheeta	madhura	Caproic acid ,aspartic acid	vatapithahara	balya
4	Jambeera	Amla	Laghu, tikshna	ushna	amla	Ascorbic acid,luteolin	vatakapahara	Deepana , pachana
5	Tila taila	Madhura tikta kashaya	Guru, snigdha sukshma	ushna	madhura	Nicotinic acid ,isoleucine	Vatha hara	Balya rasayana

TABLE NO 2

TAILA KALPANA

These are prepared by using oil with some kalkas, kashayas or other liquids of the drugs by heating method. In some texts before doing Sneha paka the snehas subjected to murchana process with a view to remove ama dosa. Generally if Sneha paka is done either by using only water, the proportion of kalka should be one fourth to Sneha. If Sneha paka is done with decoction the proportion of kalka should be 1/6 part to Sneha. In sarangadhara samhitha Madhyama khanda 9 th chapter, It is mentioned that when kalka can be made into varti like rolls, when rubbed with fingers and when dropped on fire should not produce any sound and then one should understand that medicated oil is prepared. Further separate test for Sneha paka are mentioned that is at the time of completion of process phenodgama is observed. It should develop desired smell colour and taste.

TAILA MURCHANA

For this also oil should be put in an iron pot in one prastha quantity (800 ml) and heated on mild fire till it's froth disappear and allow it to cool. Now add the paste of *manjistha*, *haridra*, *lodhra*, *nagara musta*, *nalika*, *amalaki*, *vibhitaki*, *ketaki puspa*, *vaṭa praroḥa*, *hrībera*, prepared by adding water. The *manjistha* should be taken 16 part to oil and other drugs 1/4th part to *manjistha* and then heated for sometime till moisture content evaporates on slow fire. It is claimed to destroy bad smell of oils and changes the colour of the oil to reddish and induces specific smell. Some scholars suggest to add equal quantity of water to the oil and heating should be done till the evaporation of water content and then filter it.¹¹

PREPARATION OF PARINATAKERIKSHEERA TAILA

Prepare the *Kalka dravyas* and mix it with *Taila dravya*, *drava dravya* taken in stainless steel vessel then it should be subjected to a heating process till it remains the quantity of *murchita taila* on completion of process it should be filtered and stored in glass bottles.¹²

DISCUSSION

Parinatakeriksheera Taila showed significant therapeutic benefits in alleviating the symptoms of *Avabahuka*, supporting its traditional use in Ayurvedic medicine. The study meticulously examines the pharmaceutico-analytical properties of this formulation, underscoring its significance in Ayurvedic therapeutics. Most ingredients of *parinatakeriksheera taila* have ushna veerya which helps to alleviate the aggravated vata. *Jambheera* is having *laghu teekshna* guna which may help to clear the *srotorodham* which causes *sirasankocham*. *Haridra* is having *laghu ruksha* guna and *kapha vata shamaka* property. The *kaphavata shamaka* property helps to relieve the *srotorodha* and to regain the normal movement of hand. *Tilataila* has considered best among oils having snigdha ushna guna. *Tailam kapha sa vate cha* if the disease is caused by vata along with kapha taila has both the action of *bruhmana* and *Karshana* property. By these properties taila will help in *bruhmana* in vataja condition of frozen shoulder and also *Karshana* if it is *vata kapha*. Analytical results reveal that *Parinatakeriksheera Taila* possesses enhanced therapeutic properties, making it a superior choice for managing *Avabahuka*. The formulation's ability to alleviate pain, reduce inflammation, and improve shoulder mobility is emphasized through clinical observations. Previously Clinical analytical studies has also done on efficacy of this taila as a nasal drug delivery for managing *avabahuka*. Therefore, the effort has been done to shed light on the review of the *parinatakeriksheera taila*'s evaluation and its advantages through its qualities.

CONCLUSION

Parinatakeriksheera tailam is a valuable addition to ayurvedic pharmacopeia offering a natural and holistic approach to managing avabahuka. It is a traditional ayurvedic oil formation that has shown promising results in alleviating symptoms of avabahuka. This ailment is characterised by shoulder joint stiffness due to their *ushna veerya* and kapha vata samaka properties make it an effective remedy for reducing pain and mobility enhancement and vatadosha balancing. Integrating such traditional remedies into contemporary healthcare could pave the way for more comprehensive and personalized treatment options. The study's comprehensive analysis of the formulation's pharmacological properties and clinical efficacy provides valuable insights for both Ayurvedic practitioners and modern healthcare providers.

REFERENCES

1. Dr.Mahendra singh ,Rachana sharira vijnana ,vol-1,Sandhi shareera ,chauhambha Orientalia Varanasi,edition 2017 pg no282.
2. Prof.K.R.Srikanthamurthy,Astangahrdayam,Samhita,vol-2,cikitsasthana,vatavyadi21/44,chauhambhaKrishnadasAcademy,Varanasi edition 2006 pg no 505
3. Dr.K.Nishteswar,Dr.R.Vidyanath,Sahasrayogam,Taila prakarana,chauhambha Sanskrit series,Varanasi,edition 2008 pg no 115.
4. Prof.Srikanthamurthy ,Susruta Samhita,vol -1,nidana sthana,Vatavyadi 1/82,chauhambha Orientalia Varanasi ,edition 2008 pg no 473.
5. Prof.K.R.Srikanthmurthy,Astangahrdayam,vol-2,nidanasthana,Vatavyadi 15/ 43 chauhambha Krishnadas Academy,Varanasi,edition 2006 pgno156.
6. Prof.D.Shanth Kumar Lucas,Dravyaguna-vijnana vol 2,chauhambha visvabharati Orientalia,Varanasi,edition 2015 pg no 409.
7. Prof.D.Shanth Kumar Lucas,Dravyaguna-vijnana vol 2,chauhambha visvabharati Orientalia,Varanasi,edition 2015 pg no 41.
8. Prof.D.Shanth Kumar Lucas,Dravyaguna-vijnana vol 2,chauhambha visvabharati Orientalia,Varanasi,edition 2015 pg no 749.
9. Prof.D.Shanth Kumar Lucas,Dravyaguna-vijnana vol 2,chauhambha visvabharati Orientalia,Varanasi,edition 2015 pg no .692
10. Dr.krishnaChandrachuneker,Dr.Gangaasahayapandeya,Bhavaprakashanighantu,Amradiphalavarga,chauhambhaBharathi academy,Varanasi,edition 2006 pg no 564.
11. Dr.G.Prabhakara Rao ,Bhaishajya Kalpana vijnanam,vol 1sneha Kalpana ,Chauhambha publications ,new delhi edition 2008 pg no 256
12. <https://www.planetaryurveda.com/library/parinathakereeksheeradi-thailam/>.