



Case Study

AYURVEDIC APPROACH IN AN IRREDUCIBLE SHOULDER JOINT DISLOCATION

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ABSTRACT

The shoulder, being the most mobile joint in the body, is highly susceptible to dislocation, with anterior dislocation occurring most frequently. While most anterior dislocations are reducible through closed methods, which if left untreated, these may progress to an irreducible state. Irreducible cases are rare and pose significant diagnostic and therapeutic challenges, which often require surgical intervention. This case study highlights the non-invasive Ayurvedic management in an irreducible anterior shoulder dislocation in a 72-year old female, following a fall. She was undiagnosed with shoulder dislocation and failed to immobilize for few weeks. Later imaging revealed anterior shoulder joint dislocation. Initial attempts at closed reduction were unsuccessful. After the non-invasive management of three weeks, dislocation was corrected with significant improvement. This case underscores the importance of recognizing irreducibility early, and the potential of Ayurvedic interventions in providing a non-invasive alternative for irreducible shoulder dislocations especially in geriatric patients where surgery may not be feasible.

INTRODUCTION

Shoulder joint is vulnerable for dislocation more often than any other joint in the body. The extreme mobility it enjoys jeopardizes its stability. The shoulder has an 'Achilles point' at the inferior part of the capsule providing the joint with a potential weak spot, so much so that 99 percent of the anterior shoulder dislocation occur here.^[1]

For practical purpose dislocations of the shoulder may be grouped into two main types- anterior and posterior. Closed reduction of an acutely dislocated shoulder is usually successful; the failure of closed reduction is rare and usually due to a structural block within the joint.^[2]

According to modern medicine, no role of conservative treatment in irreducible shoulder dislocation, however surgery is the treatment of choice. In the present case, the comprehensive Ayurvedic approach enables the correction of dislocated shoulder joint, restore the adequate movement and provide the joint stability.

Case Report

Patient Information

A 72-year old female patient presented to outpatient Department of Shalyatantra, Government Ayurveda college Thiruvananthapuram with complaints of persistent pain and restricted mobility in the right shoulder for the past one month. The patient presented with affected arm supported by the opposite hand. The symptoms began following a fall in which she hit her right shoulder. Initially, she was taken to a nearby hospital where no imaging (X-ray) was performed and managed conservatively with NSAIDs. Despite medication, the pain (VAS score-4) and restriction of movement persisted.

Subsequently, she visited a Government Hospital (GH), where she was clinically diagnosed with an anterior shoulder dislocation. However, no reduction procedure was performed at that time.

The patient then reported to our outpatient department (OPD) for further management. An attempt at closed reduction was made but was unsuccessful. A check X-ray confirmed persistent anterior dislocation. A second attempt of closed reduction was also performed, which again failed, confirming the dislocation remained irreducible. An open reduction was suggested but the patient was unwilling to undergo surgery.

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A shoulder bandage with arm sling was applied for pain relief, and conservative management was advised on an outpatient basis for 3 weeks. Due to ongoing symptoms and the irreducibility of the dislocation, the patient was admitted for inpatient care and further management.

Additional Findings:

An X-ray of the cervical spine was also taken due to associated symptoms and age-related considerations, which revealed cervical spondylosis.

Past Illness

No known history of comorbidities.

Physical Examinations

Mental state and intelligence: oriented and conscious

Built: Moderately built

Attitude: Right arm supported by left hand

Gait: Normal

Facies: Normal

Vital Data

B P: 130/90 mm hg

Pulse rate: 76/min

Heart rate: 76bpm

Respiratory rate: 15/min

Lab Investigations

Found to be within normal limit.

Table 1: Clinical Findings (Right shoulder joint)

Inspection	Contour: Loss of normal round contour of the shoulder, flattened deltoid area No discolouration around the joint. Swelling present around the sub coracoid region. Muscle wasting absent.
Palpation	Tenderness absent Crepitus absent Warmth absent
Range Of Movements	Abduction up to 60° Adduction up to 30° Flexion up to 60° Extension up to 30° External rotation 60° Internal rotation 40°
Special Test	Dugas test is positive

Diagnostic Assesment

Patient diagnosed with Irreducible anterior shoulder joint dislocation

Fig 1: X ray Right shoulder joint AP view



**Anterior dislocation of Right shoulder joint, Sub coracoid type
(Dated 1/10/2024) before attempting reduction**

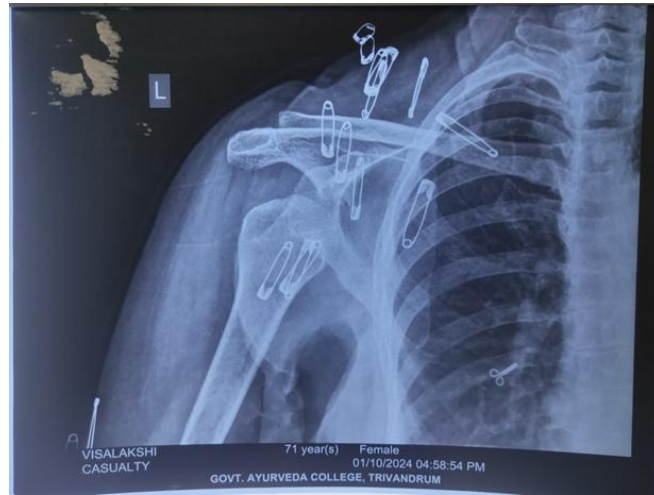


Fig 2: After attempting reduction (dated- 1/10/24)



Fig 3: X ray Right shoulder AP view, C spine AP, lateral view (Dated - 7/10/2024)

Therapeutic Intervention

Table 2: Treatment procedures with timeline

S.No	Date	Procedure	Medicine	Duration	Remarks
1	1/10/24 to 21/10/24	Bandage with arm sling (<i>Swasthika bandhana</i> with <i>Utsangi</i> . Cotton pad soaked in <i>Murivenna</i> applied over shoulder and bandage done with kora cloth). weekly changed. Done at OPD	<i>Murivenna</i>	21 days	Pain reduced
2	22/10/24 to 28/10/24	<i>Lepana</i> over shoulder joint (for <i>Lepana</i> , <i>Nagradi choornam</i> was boiled in <i>Dhanyamlam</i> to prepare a warm paste and applied over the shoulder region for 1 hour or up to drying)	<i>Nagradi lepa choornam</i> with <i>Dhanyamlam</i>	7 days	Pain and swelling reduced.
3	29/10/24 to 2/11/24	Local <i>Taila dhara</i>	<i>Murivenna</i>	5 days	Swelling relieved
4	3/11/24 to 9/11/24		<i>Danwantharam tailam</i>	7 days	Pain relieved completely. Improved the

					range of movements
5	10/11/24 to 16/11/24	<i>Marsha nasya</i> <i>Thalam- ksheerabala tailam and Rasnadi choornam</i>	<i>Ksheerabala</i> 41 <i>Avarthi</i> from the dose of 0.5ml increased upto 3.5ml daily	7 days	Improvement in range of movement.
6	17/11/24 to 23/11/24	<i>Shashtika pinda sweda</i>	<i>Abhyangam</i> with <i>Bala tailam</i>	7 days	Felt stability of the shoulder joint and improved range of movement.

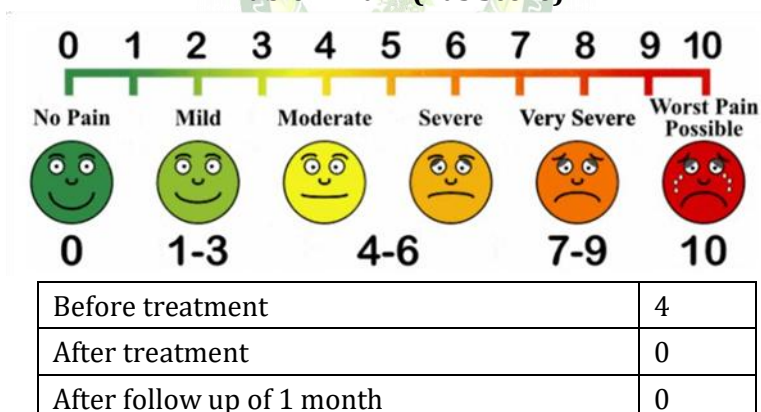
Table 3: Internal medicines

S.No	Date	Medicines	Dose and time
1	1/10/2024 to 13/12/2024	<i>Rasnerandadi kashayam</i>	90ml bd before food.
2		<i>Laksha guggulu</i>	1 in quantity twice daily with <i>Kashayam</i> .
3		<i>Gandha taila</i>	10 drops with milk morning after food.
4		<i>Yogaraja guggulu gulika</i>	1 in quantity twice with <i>Kashaya</i> .
5	17/11/24 to 13/12/2024	<i>Indukantham ghritham</i>	15ml+ ½ tsp <i>Ashtachoornam</i> .

Follow - Up

Advise active exercises at home

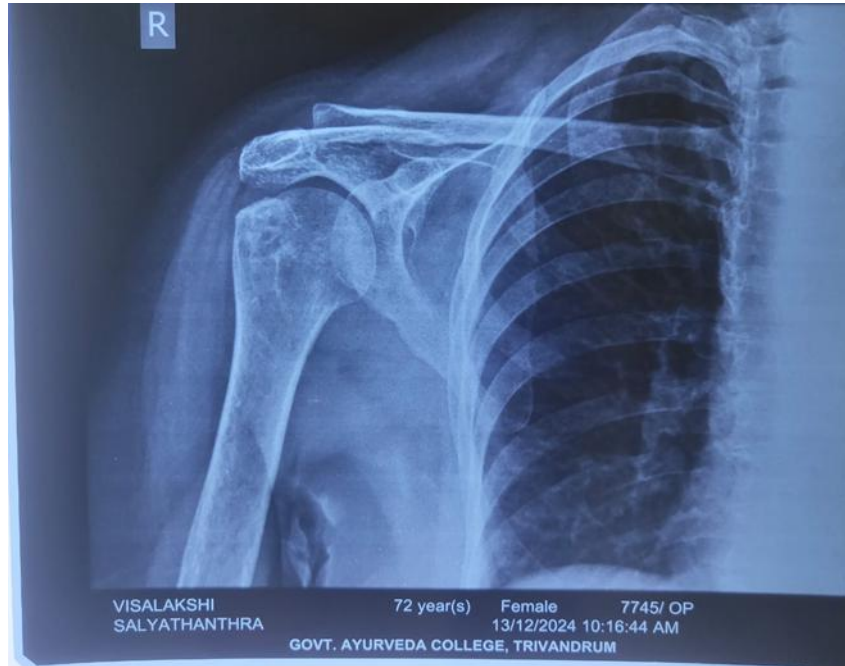
Assessment

Table 4: Pain (Vas Score)

Table 5: Range of Movements

Movement	Before treatment	After treatment	After follow up (1 month)
Abduction	Possible up to 60°	Possible up to 150°	Normal up to 150°
Adduction	Possible upto 30°	Normal possible up to 50°	Normal
Flexion	Possible up to 60°	Possible up to 150°	Normal up to 180°
Extension	Possible up to 30°	Normal extension up to 60°	Normal
External rotation	Possible up to 60°	Possible up to 60°	Normal up to 90°
Internal rotation	Possible up to 40°	Possible up to 70°	Possible up to 90°

Table 6: Dugas test

Before treatment	Positive
After treatment	Negative
After follow up	Negative

**Fig 4: X- ray (Right shoulder AP view, After follow up period of 1 month) (Dated- 13/12/2024)****DISCUSSION**

The shoulder, being the most mobile joint in the body, is particularly vulnerable to dislocations, with anterior dislocation being the most common. However, when such dislocations become irreducible, they often require surgical intervention.

According to Ayurvedic approaches this condition is within the category of *Sandhimuktha*.^[3] Trauma disrupts the joint's structural harmony, leading to dislocation, which if left untreated, progress to chronicity and vitiation of *Vatha*. Vitiating *Vatha* get localizing the shoulder joint and cause dryness of the *Sleshaka kapha*, leads to instability of joint. So *Vatha shamana* and *Bhrimhana* are the treatment principles and thus improve the joint stability.

According to Acharya Susrutha, '*Musalena utkshepana*' followed by *Swasthika bandhana* is advised as the first line of management of *Amsa sandhi moksha*. Dislocation leads to inflammatory mechanism occurring as a result of protective mechanism, which cause joint stiffness and pain. *Murivenna* which is used for *Bandhana* having anti-inflammatory action thus reducing pain and stiffness.^[4]

Lepas have first importance to cure *Sthanika vikaras*. *Alepa* is helpful to reduce inflammation and increase the blood circulation.^[4] It also reduces the doshas according to transdermal drug delivery.

Nagaradi lepa choorna mixed with *Dhanyamala* further enhances anti-inflammatory process. *Lepas*

also helps in rebuilding the weakened and torn ligaments.

Taila dhara is a very unique procedure mentioned as '*Snehayuktha swedana*' due to the fact that it combines both *Snehana* and *Swedana*. As it is using warm medicine, it may enhance the micro circulation and reduce the local inflammation. Here in the initial phase *Murivenna* was used which is also anti-inflammatory in action. Later on, *Dhanwantharam tailam* was the drug of choice. '*Marma asthi hatha ksheeneshu poojitham sarva vatha roga haram.*' Specially indicated in traumatic injuries. So, it relieves the *Kshatha* occurred to *Amsa marma* and pacifies *vatha*.

Nasya karma is the prime treatment indicated in *Jathroordha rogas*, specially indicated in *Urdwa kaya bhagna chikitsa*. Here *Bhrimhana nasya* pacifies the vitiated *Vatha* and nourishes the *Sleshaka kapha*, give stability to the joint structures.

Shashtika pinda sweda nourishes the joint. *Shashtika* which is *Bhrimhana* in nature. processing in *Bala Kashaya* which is *Vatha shamaka* also. SPS will help to provide required penetrating atmosphere (temperature, pressure and stimulus) and nutrition for quick repairing^[5]. Transdermal drug delivery system helps to provide required proteins and glucose to normalize the joint.

Internal medicines used throughout the treatment period is *Laksha guggulu* and *Gandha tailam*. which improves the bone mass strength and strengthens the ligaments. *Gandha taila* is 'Sarva vatha vikaranuth' also.

After these treatment procedures patient got considerable relief from pain and stiffness, improved the range of movement. And the Dugas test is also negative. Patient discharged by advising minimal shoulder exercises and internal medicines. On the follow up day after 1 month pain and stiffness was further reduced, movements got improved and the X ray of shoulder joint (attached above) was normal.

CONCLUSION

Treatment outcome reveals the non -invasive management of irreducible through Ayurveda, keeping an aim to improve joint stability and restore complete range of motion.

Patient Perspective

The patient reported significant relief from pain and improvement in mobility following the treatment, which enhanced their mobility to perform daily activities.

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