



## Acupuncture Treatment in Frozen Shoulder at SuoXi Hospital, A Specialized Acupuncture Health Care Hospital in Bangladesh

Dr. S.M. Shahidul Islam<sup>1</sup>, Sabina Yasmin<sup>2</sup>, Dr. Huihui Li<sup>3</sup>, Dr. S.M. Abdul Alim<sup>4</sup>

<sup>1</sup>Ph.D fellow in pain management, specially trained in Acupuncture  
SuoXi Hospital, Shaan Tower, Chamelibagh, Santinagar, Dhaka, Bangladesh

<sup>2</sup>CEO, Shaan Tower, Chamelibagh, Santinagar, Dhaka, Bangladesh

<sup>3</sup>Consultant, Department of Orthopedics and Traumatology, People's Hospital of Chinese Medicine,  
Ruian City, China

<sup>4</sup>Pain Specialist, Assistant Professor, Department of Anesthesiology, Rangamati Medical College, Rangamati,  
Bangladesh

Submitted: 25-06-2022

Accepted: 06-07-2022

### ABSTRACT

Frozen shoulder is a condition that is often observed in general orthopedics. Although it may occur on its own without any evident predisposing factors, it can also be connected with a wide range of local or systemic illnesses. The identification of the typical aspects of the pain, as well as the selective limiting of passive external rotation, serves as the basis for the diagnosis.<sup>[1, 2]</sup> Despite the fact that the macroscopic and histological characteristics of capsular contracture are well-defined, the pathological mechanisms that underlie them are still poorly understood. It has the potential to inflict long-term incapacity and place a significant strain on healthcare resources and infrastructure. Physiotherapy is still used to handle the vast majority of patients in primary care, with only the most severe cases sent to a physician for further evaluation and treatment.

Keywords: Frozen shoulder, Microscopic, Histological, Pathological mechanism

### I. INTRODUCTION

Frozen shoulder is a debilitating and often very painful illness that is routinely addressed in the primary care practice. True frozen shoulder has a lengthy natural history that generally terminates in resolution.<sup>[3]</sup> Many patients arrive with painful shoulder problems that generate apparent 'stiffness' by inhibiting active movement, either via pain inhibition (antalgic shoulder) or muscular weakness (such as a rotator cuff rupture or deltoid paresis) (such as a rotator cuff tear or deltoid paresis). In contrast, individuals who have a frozen shoulder have typical symptoms of the painful selective limitation of specific active and passive motions of the shoulder, in the presence of normal radiographs. Unfortunately, patients in each of these two groups tend to be evaluated together

under an inclusive clinical umbrella, leading to misdiagnosis and improper treatment. The reasons for this are twofold: first, the words in widespread use, such as frozen shoulder, adhesive capsulitis, and pericapsulitis, are either non-specific or erroneous and hence may be misused by physicians and patients. Secondly, while the diagnosis of the illness hinges on the detection of typical clinical symptoms, well-defined diagnostic criteria are absent. The necessity for consistency in diagnosis has lately been underlined and a system of nomenclature and categorization based on consensus would be helpful.

### II. CASE REPORT

Frozen shoulder is a common problem in orthopedics, and it can be treated successfully. Only the most difficult-to-treat patients are referred to a specialist; the majority of patients in primary care are still treated with physiotherapy. Treatment remains primarily symptomatic because targeted therapies are not possible. Active therapies that may abbreviate the clinical course, such as capsular distension arthrography and arthroscopic capsular release, have grown in popularity in the past 10 years. A 42-year-old male patient who came to our clinic reported experiencing pain in the right shoulder and restricted movement in the right hand (not above 90 degrees). Our first step is to learn about the patient's medical history. As far as comorbidities go, nothing noteworthy was discovered. A lot of investigation led us to the conclusion that the patient had Frozen Shoulder.



Figure 1: Froze Shoulder (Adhesive Capsulitis)

**Figure 1:** The characteristic arthrography appearances of frozen shoulder. The joint volume is reduced and there is no filling of the inferior capsular recess.

Right shoulder joint acupuncture was chosen for the patient. For a number of shoulder disorders, acupuncture relieves pain, reduces inflammation, releases tight muscles, and increases range of motion. It's common to use acupuncture in combination with other treatments like cupping or moxibustion or heat lamp therapy or herbal liniments to treat shoulder discomfort. Frozen shoulder, arthritis, fibromyalgia, and rotator cuff tendinitis are among chronic conditions that may cause shoulder discomfort. The patient was also given a deep muscle stimulator.



**Figure: A, B, C:** Giving Acupuncture on the right shoulder joint.

Hands-on physiotherapy is known as "manual therapy." When utilized correctly, it plays a significant role in Physiotherapy. In order to alleviate the discomfort brought on by muscular tension, spasm, and joint dysfunction, people apply pressure on these structures with their hands. Soft tissue technique, mobilization, manipulation, and isometric exercise are all components of manual therapy.

Squishy matter Mobilization aids in the removal of toxins from the wounded region, hence speeding up the healing process. Flexibility and range of motion are increased as a result of soft tissue mobilization, which reduces muscular tension. Physiologic or supplementary motions are used to apply varied speeds and amplitudes of manipulation, isometric training, and passive skilled manual therapy methods to joints and soft tissues.

Acupuncture had a profound effect on the patient's shoulder joint pain. The patient's frozen right shoulder pain subsided after the first acupuncture treatment, and his shoulder could now be moved in all directions.

### III. DISCUSSION

A frequent glenohumeral joint disorder is a frozen shoulder. There is a clinical definition of the frozen shoulder that describes it as a painful condition, coupled with limits in the glenohumeral range of motion.<sup>[4]</sup> The underlying fibrotic processes at the capsuloligamentous structures are to blame for this symptom.<sup>[5]</sup> It has been estimated that between 2% and 5% of the general population, particularly those between the ages of 40 and 60, suffer from it.<sup>[6]</sup> The discomfort may become intense and disruptive to sleep, and it is possible for it to become chronic. External rotation tends to have a greater range of motion restriction than abduction and internal rotation. Though popular treatments like physiotherapy, anti-inflammatories and analgesics, chiropractic, and exercise therapy have varying degrees of success,<sup>[7]</sup> this disorder, known as adhesive capsulitis, may cause stiffness and soreness in the shoulder, as well as a restriction in both active and passive mobility in all directions.<sup>[8]</sup> Patients with frozen shoulder syndrome were classified by Lundberg as either "primary" or "secondary." There are two types of adhesion capsulitis: primary and secondary. Primary adhesive capsulitis affects individuals who arrive with mobility restriction and discomfort but have no notable abnormalities in their medical history, clinical examination, or medical imaging study to explain the cause.<sup>[9]</sup> The most common



signs of a patient's condition are increasing levels of stiffness and discomfort in the shoulders. Movement of the shoulder joint, particularly external rotation and sleeping on the affected side aggravate the pain, which is alleviated by resting the afflicted limb. With the complaint of discomfort in the right shoulder joint and limited mobility of the right hand, a 42-year-old male patient came to our clinic for treatment (not above 90 degrees). Our investigation led us to believe it was a case of frozen shoulder. On the frozen shoulder joint point, we used the Chinese method of deep muscle stimulator; Manual physiotherapy: soft tissue technique; Mobilization; Manipulation; Isometric exercise to administer Acupuncture. Amazing results were visible on the first day of treatment. First acupuncture in the shoulder joint alleviated discomfort and made it possible to move the arm in a full 180 degrees.

#### IV. CONCLUSION

Using acupuncture to treat a patient with a frozen shoulder has resulted in an increase in the patient's ability to move their arm and shoulder. For the first time, the symptoms of a right shoulder injury have been alleviated, and the patient can move the shoulder freely in all directions and without discomfort after an acupuncture treatment. In addition, there were no negative outcomes. Acupuncture has been shown to be useful in the treatment of frozen shoulder in this case study.

#### REFERENCES

- [1]. Johnson, J. T. H.: Frozen shoulder syndrome in patients with pulmonary tuberculosis. *J Bone Joint Surg* 41A: 877, 1959.
- [2]. Codman EA. *The Shoulder*. Boston: Todd, 1934
- [3]. Rizk, T. E., & Pinals, R. S. (1982). Frozen shoulder. *Seminars in Arthritis and Rheumatism*, 11(4), 440–452. [https://doi.org/10.1016/0049-0172\(82\)90030-0](https://doi.org/10.1016/0049-0172(82)90030-0)
- [4]. De Baets L, Matheve T, Dierickx C, et al. Are clinical outcomes of frozen shoulder linked to pain, structural factors, or pain-related cognitions? an explorative cohort study. *Musculoskelet Sci Pract*. 2020;50:102270. [PubMed] [Google Scholar]
- [5]. Lewis J. Frozen shoulder contracture syndrome - aetiology, diagnosis, and management. *Man Ther*. 2015;20(1):2-9. [PubMed] [Google Scholar]
- [6]. Juel NG, Brox JI, Brunborg C, et al. Very high prevalence of frozen shoulder in patients with type 1 diabetes of  $\geq 45$  years' duration: the dialong shoulder study. *Arch Phys Med Rehabil*. 2017;98(8):1551-1559. [PubMed] [Google Scholar]
- [7]. Cao XY, Zhao HY. A pilot study of ultrasound-guided acupotomy for the treatment of frozen shoulder. *Medicine*. 2019;98(42):e17632. [PMC free article] [PubMed] [Google Scholar]
- [8]. Cameron RI, McMillan J, Kelly IG. Recurrence of a "primary frozen shoulder": a case report. *J Shoulder Elbow Surg*. 2000;9(1):65-67. [PubMed] [Google Scholar]
- [9]. Hand C, Clipsham K, Rees JL, Carr AJ. Long-term outcome of frozen shoulder. *J Shoulder Elbow Surg*. 2008;17(2):231-236. [PubMed] [Google Scholar]