

**ACUTE MANAGEMENT OF AVABAHUKA (FROZEN SHOULDER) BY AGNIKARMA -  
A CASE REPORT****[Abdul Batin<sup>1</sup>](#), Binod Kalita<sup>2</sup>**

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**Article Received:** 24/05//2022 - **Peer Reviewed:** 08/05/2022 - **Accepted for Publication:** 09/06/2022**ABSTRACT**

Frozen shoulder is a painful condition resulting restricted movement of the shoulder joint, which is usually referred to as adhesive capsulitis. It occurs in three phases- painful phase, stiff phase, and thawing phase. In the classics of Ayurveda, frozen shoulder is closely related to *Avabahuka* in terms of signs and symptoms, where vitiated *vata* gets localized in the shoulder region and dries up the *Sleshaka kapha* from *Amsa sandhi* (shoulder joint). Modern medical science has a role in the management of frozen shoulder but there are complications and recurrence. *Agnikarma* is a popular parasurgical procedure mentioned in the classics of ayurveda specially in *Sushruta Samhita* as a treatment procedure for several diseases which are not treatable by other therapies. In this case study, *agnikarma* is done on a patient with a frozen shoulder following all necessary *purvakarma* and *Paschatkarma*. The result of the therapy is very much satisfactory in terms of reducing pain and stiffness as well as facilitating joint movements immediately after the therapy. This therapy also reduces the need for the consumption of analgesics and other medications and enhances the quality of life of the patient.

**Keywords** - *Avabahuka, frozen shoulder, agnikarma, Sushruta Samhita*

## INTRODUCTION

Frozen shoulder clinically known as periarthritis or adhesive capsulitis characterised by pain, stiffness, and limited function of the glenohumeral joint, which adversely affects the entire upper extremity. In this condition shoulder capsule becomes adherent to the humeral head, that is why it is termed adhesive capsulitis. Incidence of frozen shoulder is common in the sixth decade of life and comparatively more common in female than male. It is less common before the age of 40 years. The exact cause of this pathology remains elusive. There are two types of frozen shoulder- the primary (idiopathic) and secondary. Idiopathic adhesive capsulitis results from a chronic inflammatory response with fibroblastic proliferation, which may actually be an abnormal response from the immune system. Secondary adhesive capsulitis occurs after a shoulder injury or surgery or may be associated with other conditions such as diabetes mellitus, rotator cuff injury, cerebrovascular accident (CVA) or cardiovascular diseases, thyroid diseases. There are two principal characteristics of frozen shoulder- Pain and contracture (loss of range of movement). Pain associated with it is progressive in nature and initially felt mostly at night. The contracture of the shoulder ligaments decreases the volume of the capsule, thus limiting the range of movements of the joint. There is a progressive loss of Passive range of movement (PROM) and Active range of movement (AROM) of the glenohumeral joint. The most common limitations in range of movement are flexion, abduction, and external rotation.

**The common course of the frozen shoulder has explained under three stages as follows-**

**Stage one:** The painful or freezing stage, which last for 6 weeks to 9 months and in which the patient has a slow onset of pain. As the pain worsens, the shoulder loses movements.

**Stage two:** - The 'frozen' or adhesive stage is marked by a slow improvement in pain, but the stiffness persists. This stage lasts from four to nine months.

**Stage three:** - The thawing or recovery, when shoulder movement slowly returns towards normal. This usually lasts from 5-24 months. Management of adhe-

sive capsulitis by contemporary medicines mainly includes management of pain with analgesics or sometimes surgery is needed. As far as modern medical science is concerned, there is very less promising management for this is available and when the disease condition is worsened, steroid therapy is advised which have more adverse effects and high economic cost. On the basis of signs and symptoms, this disease is closed related to the disease "Avabahuka" in Ayurveda. Avabahuka is a vata-kapha predominant disease which is produced by vitiated vata dosha with kapha anubandha. Agnikarma is considered the best para-surgical procedure to pacify these doshas due to its Ushna, sukshma, Asukari guna. Thus, Vatakapha shamak therapy has been mentioned.

**Case Report:**

**Patient name:** X

**Age:** 54 years

**Sex:** Female

**Address:** Bhangagarh, Guwahati, Assam

**Chief Complain:**

- Pain and stiffness in the left shoulder joint for 4 months
- Restriction of movement of left shoulder joint for 4 months

**History of present illness:** A female patient named X of age 54 years resident of Bhangagarh, Guwahati, Assam, visited shalya OPD of Government Ayurvedic College and Hospital, Guwahati on 3<sup>rd</sup> January 2022 with the complaints of pain and stiffness in the left shoulder joint along with restriction of movement of left shoulder joint for four months. There is not any history of trauma, fall, or surgery. Onset is insidious starting with pain and stiffness that progresses to restriction of left shoulder joint movement both active as well as passive movement. Pain is constant in nature and worsens at night. She is even unable to comb her hair so trimmed her hair. There was a history of treatment under a surgeon at Gawahati medical college hospital for the last four months with no significant improvement.

### History of Past illness:

- **Medical History:** No history of DM, HTN, Hypothyroidism, or any other medical conditions. No history of trauma and fall.
- **Surgical History:** No surgical history found.

### Personal History:

- **Diet:** Non-Vegetarian
- **Appetite:** Good
- **Sleep:** Adequate
- **Bowel:** 1-2 times a day, regular, soft in consistency
- **Urine:** 5-6 times a day, no burning sensation, straw colour
- **Addiction:** None

### Clinical Examination:

Musculoskeletal system (Left Shoulder Joint)

- Muscle power 5/5
- Muscle tone- 5/5
- Muscular Atrophy- No
- Swelling- No swelling
- Tenderness – Severe tenderness (++++)
- Restriction of Movement
  - Adduction- 0 degree
  - Abduction- 50 degree
  - Flexion-50 degree
  - Extension-20 degree

### Investigation:

X-Ray of left shoulder Antero-posterior and lateral view. Suggests-Degenerative changes in the sub synovial layer of the shoulder joint.

**Treatment:** After careful assessment and examination the patient was treated with *Agnikarma* and oral medications like *Aswagandha* capsule and *Lakshadi guggulu*-250 mg twice daily for four weeks.

**The procedure of *Agnikarma*:** After explaining in detail the procedure and its complications to the patient, written consent was taken from the patient for the procedure. The area was cleaned with *triphala kwath* and dried up. Then the most tendered point was marked with a marker and the area was draped with a drape sheet. Then *Bindu agnikarma*(dotted) was done with red hot *panchadhātu Shalaka* over the marked point. During the procedure, a mixture of honey and *ghrita* was applied after making each dot with *Shalaka*

to reduce the burning sensation. The appropriate precaution was taken to avoid *Asamyak dagdha vrana*(neither too superficial nor too deep burn). After completion of the therapy the wound was covered with *Yasthimadhu churna* dusting and a thin bandage was applied, and the patient was asked to remove the bandage the next day and to avoid water contact with the wound. The patient was advised to avoid *vatapapha vardhaka ahar vihara* during the therapy period and followed up. The entire therapy was repeated at the interval of 7 days four times.

### RESULT:

*Avabahuka* is a disease of *Amsa sandhi* caused by *kapha anubandha vata dosha*. The *agni*(heat) has properties like *sukshma*, *ushna*, *teekshna*, and *laghu*. *Ushna* and *teekshna guna* helps to pacify aggravated *vata dosha* and *laghu* and *sukshma guna* help to pacify vitiated *kapha dosha*. Thus, *agnikarma* is the best parasurgical procedure for *Avabahuka*. After the treatment pain and stiffness of the shoulder joint decreased markedly. The overall improvement in the range of movements is as follows- Abduction 90 degree (40 degrees increased), Flexion – 80 degrees (30 degrees increased), Extension- 50 degrees (30 degrees increased), and there is good improvement in both internal and external rotation. A superficial wound due to *agnikarma* was healed within a week. After one month of follow-up, there was no recurrence, and marks of the wound disappeared with no adverse effects of the therapy.

### Probable Mode of Action:

In the process of *Agnikarma*, transferring of therapeutic heat to *twak dhatu*(skin) and then gradually to deeper structure. The heat energy would have acted eventually to pacify *ama dosha* and *srota vaigunya* resulting in relief in symptoms like pain & stiffness. Pain receptors are located in the skin and the motor end plates of the muscles. These pain receptors are stimulated by the application of heat at about 45 degrees. Pathway of transmission of thermal signals and pain are almost parallel but terminate in the same area. So, out of these two perceptions i.e., thermal and pain, only the stronger one can be felt. Application of oral drugs of *Aswagandha* and *lakshadi guggulu* along

with lukewarm water might have played a role with *agnikarma* in pacifying the *dosa* and related pathogenesis to achieve the desired goal. *Lakshadi guggulu* and *aswagandha* are known to have *vatakapha shamak*, *shothahara*, *vedana sthapana*, and *rasayana* (antioxidant) properties.

## CONCLUSION

Frozen shoulder is a common disorder with a high incidence in the age group of 50-60 years. After *Agnikarma* therapy there is significant relief of signs and symptoms of frozen shoulder. There is a marked decrease in local tenderness and stiffness along with significant improvement in the range of movement of the joints both active and passive. No adverse effects were observed during and after the therapy. The therapy can be done in an OPD setup. The therapy is so simple to perform with minimal precaution and cost-effective

and immediate relief without any hospital stay. Further study is to be conducted on a large sample to evaluate the efficacy of *Agnikarma* in the management of Frozen shoulder.

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