



## AN AYURVEDIC MANAGEMENT OF AVABAHUKA (FROZEN SHOULDER): A CASE REPORT

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### ABSTRACT

Avabahuka, or frozen shoulder, is a condition characterized by pain, stiffness, and limited range of motion in the shoulder joint. In Ayurveda, this disorder is primarily linked to Vata dosha imbalance, which leads to dryness, coldness, and stiffness in the joints. This case report explores the Ayurvedic diagnosis and management of a patient with Avabahuka, with a focus on the holistic approach to treatment using Panchakarma therapies, internal medicines, and external applications. The patient exhibited significant improvement in pain, range of motion, and overall joint health following Ayurvedic treatment.

**KEYWORDS:** Avabahuka, Shoulder, Pain.

### INTRODUCTION

Frozen shoulder (Adhesive Capsulitis) is a musculoskeletal disorder characterized by inflammation and stiffness in the shoulder joint, which significantly limits the range of motion. It commonly affects individuals between the ages of 40 and 60, often due to prolonged immobility, injury, or overuse of the shoulder. In Ayurveda, this condition is referred to as Avabahuka. The term Avabahuka is derived from two Sanskrit words: "Avabha" meaning to "enter" and "Bahu" meaning "shoulder." It is caused primarily by an aggravated Vata dosha (air and ether elements), which leads to dryness, stiffness, and pain in the shoulder region.

### Disease Review

#### Avabahuka (Frozen Shoulder) in Ayurveda

##### 1. Introduction

Avabahuka is a disease described in classical Ayurvedic texts, primarily affecting the Amsa Sandhi (shoulder joint). It is correlated with the modern medical condition known as Frozen Shoulder or Adhesive Capsulitis, characterized by pain and restricted movement of the shoulder.

##### 2. Etymology and Definition

Avabahuka is derived from two Sanskrit words:

Ava = downward or displaced

Bahuka = pertaining to the arm/shoulder

It refers to the restriction of arm movement due to vitiation of Vata Dosha, primarily affecting the shoulder joint.

##### 3. Nidana (Etiology/Causes)

The causative factors of Avabahuka are those that aggravate Vata Dosha, such as

- Ativyayama (excessive exercise)
- Ati-Ruksha Ahara (excessively dry food)
- Ativyayama (overexertion)
- Exposure to cold and wind
- Trauma or injury to the shoulder
- Suppression of natural urges (Vegadharana)

##### 4. Samprapti (Pathogenesis)

The vitiated Vata Dosha, especially Vyana Vata, localizes in the Amsa Sandhi (shoulder joint).

This leads to Stambha (stiffness) and Ruk (pain) due to Srotorodha (obstruction of microchannels).

Over time, Kapha association may cause further Shotha (swelling) and movement restriction.

##### 5. Poorva Roopa and Roopa (Prodromal and Clinical Features)

###### Poorva Roopa (Premonitory Symptoms)

- Mild shoulder discomfort
- Occasional stiffness

**Roopa (Symptoms)**

- Shula (pain) in the shoulder
- Stambha (stiffness)
- Akshepa (restricted movement)

In chronic stages, Shrama (fatigue) and atrophy of shoulder muscles may be noted

Absence of swelling in many cases (dry Vata condition)

**6. Types (Based on Dosha predominance)**

- Vataja Avabahuka – Dominated by stiffness and dryness
- Vata-Kaphaja Avabahuka – Associated with mild swelling, heaviness

**7. Sadhyasadhya (Prognosis)**

Generally Kruchrasadhya (difficult to cure), especially in chronic conditions.

Early stage (Vataja) is more responsive to treatment.

Chronic or long-standing cases may require prolonged Panchakarma and internal medication.

**8. Differential Diagnosis (Vyadhi Vinischaya)**

Apabahuka – Generally refers to a different pathology with muscle wasting.

Vata-Kantaka – Cervical radiculopathy.

Sandhigata Vata – Degenerative joint conditions.

**9. Chikitsa (Treatment)****a. Shamana (Palliative) Therapy**

Taila Abhyanga (oil massage with medicated oils like Mahanarayana Taila, Dhanwantaram Taila)

Svedana (steam fomentation).

**Oral medications**

Rasnasaptaka Kwatha

Dashamoola Kwatha

Simhanada Guggulu

Yograj Guggulu

Eranda Sneha

**b. Shodhana (Purificatory) Therapy**

**Snehapana** (internal oleation) with medicated ghee/oils.

**Basti Chikitsa** (medicated enemas) – especially Anuvasana and Niruha Basti with Vatahara dravyas.

**Nasya Karma** – Use of Ksheerabala Taila or Anu Taila.

**c. External Therapies**

Patra Pinda Sweda, Pizhichil, Navarakizhi.

Agnikarma (cauterization) for pain relief in severe cases.

**10. Modern Correlation: Frozen Shoulder**

Frozen Shoulder is a self-limiting condition, commonly occurring in middle-aged individuals.

Symptoms: Pain, stiffness, limited range of motion.

Pathophysiology: Thickening and contraction of the capsule surrounding the shoulder joint.

Common in patients with diabetes, thyroid disorders.

**11. Ayurvedic vs. Modern View**

**Ayurveda (Avabahuka) Modern Medicine (Frozen Shoulder)**

Vata Vyadhi

Adhesive Capsulitis

No structural damage

Capsule fibrosis and adhesion

**CASE REPORT****Patient Profile**

Name: Mr. XYZ

Age: 52 years

Gender: Male

Occupation: Software Engineer (desk job)

**Presenting Complaint**

The patient presented with a 6-month history of gradually increasing pain and stiffness in the right shoulder. The pain was constant, dull, and sharp at times, particularly during arm movement, with significant restriction in the range of motion. The patient reported difficulty in lifting the arm above shoulder level and had trouble performing daily activities such as dressing, combing hair, and driving. He also complained of difficulty sleeping due to the pain in the shoulder.

**Medical History**

No history of trauma or surgery in the affected shoulder.

Diabetes (Type 2) diagnosed 3 years ago, well-controlled with oral medication.

No family history of autoimmune disorders or arthritis.

**Clinical Examination****Physical Exam**

Tenderness was noted in the deltoid region and around the glenohumeral joint.

Passive and active range of motion was severely restricted, particularly in external rotation (40%) and abduction (50%).

Neer's Test and Hawkins-Kennedy Test were positive, indicating impingement syndrome.

No significant swelling was observed, but the joint felt stiff and immobile.

**Nadi (Pulse) Examination**

The pulse was differentiated by the Ayurvedic physician as Vata — irregular, rapid, and tense, indicating an imbalance of the Vata dosha in the system.

**Tongue Diagnosis**

The tongue exhibited a thin white coating, indicative of Ama (toxins), which suggested poor digestion and a possible underlying Vata imbalance.

**Other Diagnostic Tools**

Blood work showed normal blood sugar levels (due to controlled diabetes) and normal inflammatory markers. An X-ray of the shoulder joint revealed no bony abnormalities but some signs of soft tissue inflammation.

### Ayurvedic Diagnosis

The condition was diagnosed as Avabahuka based on the symptoms of pain, stiffness, and limited range of motion. According to Ayurveda, Avabahuka is caused by an aggravated Vata dosha, which leads to:

Dryness in the tissues.

Coldness and instability in the joints.

Blockage of channels (Srotas), leading to restricted movement.

This condition was aggravated by Ama, a toxic accumulation due to improper digestion and metabolic imbalance. The imbalance in Vata led to dysfunction in the Snayu (ligaments) and Asthi (bones), resulting in stiffness and pain in the shoulder.

### Treatment Approach

#### 1. Panchakarma Therapies

To balance the aggravated Vata dosha, the following Panchakarma therapies were administered.

#### Swedana (Sudation Therapy)

The patient underwent Herbal Steam Therapy (Swedana) for 5 consecutive days. A special blend of Vata-balancing herbs (such as Ashwagandha, Guduchi, and Dashamoola) was used in the steam, which helped open the Srotas and promote the circulation of vital fluids in the joint.

#### Abhyanga (Ayurvedic Oil Massage)

A Vata-reducing oil (containing Mahanarayan oil) was used for Abhyanga on the affected shoulder. This oil, infused with herbs like Turmeric and Brahmi, was applied to relieve stiffness, increase circulation, and restore flexibility in the joint. The patient received daily oil massages for two weeks.

#### Nasya (Nasal Therapy)

Anu Taila was administered through the nasal passages to clear blockages, improve circulation, and rejuvenate the upper respiratory tract and joints.

#### Basti (Medicated Enema)

A Vata-balancing enema was administered, using a decoction of Ksheera (milk) and Guggulu to cleanse the body of toxins (Ama) and help balance the Vata dosha.

#### 2. Internal Ayurvedic Medicines

The following Ayurvedic herbal formulations were prescribed.

**Ashwagandha Churna** – 1 tsf BD after meals

To balance Vata, enhance muscle strength, and reduce stiffness.

**Maharasnadi Kwath**: 30 ml BD after meals

A potent anti-inflammatory and analgesic herb to relieve pain and stiffness.

**Chandraprabha Vati**: 2 Tab. BD after meals

For improving joint health, reducing inflammation, and detoxifying the body.

**Haridra Capsules**: 2 cap. BD after meal

To support overall joint health and reduce inflammation.

### 3. Dietary Recommendations

The patient was advised to follow a Vata-pacifying diet, focusing on warm, moist, and easily digestible foods.

Avoidance of cold, dry foods and processed snacks was recommended.

### 4. Lifestyle Changes

The patient was advised to avoid overuse of the shoulder joint and engage in gentle stretching and range-of-motion exercises as guided by an Ayurvedic therapist.

Stress-reduction techniques, including Pranayama (breathing exercises), were suggested to calm the mind and further reduce Vata aggravation.

### RESULTS AND OUTCOME

After 3 weeks of treatment, the patient showed significant improvement.

**Pain Reduction:** The pain decreased by 60% as reported by the patient on a Visual Analog Scale (VAS).

**Improved Range of Motion:** Passive shoulder abduction increased to 85%, and external rotation improved by 70%.

**Improved Functional Capacity:** The patient was able to perform daily activities such as combing hair and driving with minimal discomfort.

**Emotional Well-Being:** The patient reported feeling calmer and less stressed, which contributed to an overall sense of well-being.

The Ama was successfully eliminated through Panchakarma therapies, and the Vata dosha was brought back into balance, improving the flexibility and function of the shoulder joint.

### DISCUSSION

In this case, Ayurvedic treatment provided a comprehensive, holistic approach to managing Avabahuka (Frozen Shoulder). By targeting the root cause of Vata imbalance, addressing Ama accumulation, and promoting joint health through Panchakarma, significant improvement was observed. This approach aligns with Ayurvedic principles, which emphasize the importance of balancing the doshas, rejuvenating the tissues, and detoxifying the body.

While the patient's recovery was significant, further long-term management through maintenance therapies, dietary adjustments, and lifestyle modifications are recommended to prevent recurrence.

### CONCLUSION

This case report demonstrates that Ayurvedic therapies, particularly Panchakarma, can be an effective treatment modality for managing Avabahuka (Frozen Shoulder). The combination of internal medicines, external therapies, and lifestyle interventions provided symptomatic relief and improved the patient's quality of life. Further clinical studies are needed to confirm the long-term efficacy of Ayurvedic management for frozen shoulder, but this case offers promising evidence of its potential benefits.

**REFERENCES**

1. Sharma, P. (2013). Charaka Samhita. Varanasi: Chaukhamba Sanskrit Series.
2. Sushruta, V. (2011). Sushruta Samhita, Vol. 1. Varanasi: Chowkhamba Sanskrit Series. Gupta, A., & Bhattacharyya, P., 2018.
3. Ayurvedic Management of Frozen Shoulder (Avabahuka): A Case Study. International Journal of Ayurveda and Pharma Research, 5(9): 12-19.
4. Borkar, D. (2017). Clinical Applications of Panchakarma in Musculoskeletal Disorders. Journal of Ayurvedic and Herbal Medicine, 4(2): 42-49.