

ROLE OF KAISHORE GUGGULU, AMRITOTTARAM KASHAYA AND AGNIKARMA IN THE MANAGEMENT OF AVABAHUKA (FROZEN SHOULDER): A CASE REPORT

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ABSTRACT

Background: Avabahuka is a Vataja Nanatmaja Vyadhi^[1] described in Ayurveda, characterized by pain, stiffness, and restricted movements of the shoulder joint. Clinically, it closely resembles frozen shoulder (adhesive capsulitis), a common musculoskeletal disorder that significantly impairs daily activities and quality of life. **Case Presentation:** A 62-year-old male presented with pain, stiffness, restricted movements of the left shoulder, and disturbed sleep due to pain for one month. Clinical examination revealed limitation of shoulder abduction, flexion, extension, and internal rotation.^[2] Based on classical Ayurvedic signs and symptoms, the condition was diagnosed as Avabahuka. **Intervention:** The patient was treated with Kaishore Guggulu (500 mg twice daily), Amritottaram Kashayam (20 ml twice daily), and two sittings of Agnikarma using Mrttika Shalaka over a period of 15 days. **Results:** Significant improvement was observed in pain, stiffness, and

range of motion. Pain scores reduced progressively from 8 before treatment to 3 after completion of therapy. Night pain diminished, sleep quality improved, and shoulder

movements became less restricted. **Conclusion:** The combined use of Agnikarma, Kaishore Guggulu, and Amritottaram Kashayam showed appropriate results in the management of Avabahuka (frozen shoulder). This therapeutic approach may provide safe and effective relief; however, larger clinical studies are needed to establish its efficacy.

KEYWORDS: Avabahuka, Frozen shoulder, Kaishore guggulu, Agnikarma, Amritottaram kasahyam.

INTRODUCTION

Avabahuka^[3] is a *Vataja Nanatmaja Vyadhi* described in Ayurveda that primarily affects the shoulder joint and impairs upper limb function. It occurs due to the aggravation of Vyana Vata in the *Amsa Sandhi*, leading to the depletion of *Shleshaka Kapha* and affecting *Mamsa*, *Sira*, and *Snayu*. As a result, patients experience pain (*Shoola*), stiffness (*Sthambha*), and restricted shoulder movements (*Bahupraspandita Harata*).^[4]

The clinical presentation of *Avabahuka* closely resembles Frozen Shoulder, a common musculoskeletal disorder characterized by shoulder pain and progressive restriction of both active and passive movements of the glenohumeral joint⁴. The condition significantly affects daily activities and quality of life. Its prevalence is approximately 3–5% in the general population and up to 20% among individuals with diabetes mellitus, with a higher incidence in women aged 40–60 years.^[5]

Conventional treatment includes analgesics, corticosteroid injections, and physiotherapy, which mainly provide symptomatic relief and may be associated with adverse effects or recurrence.^[6] Therefore, there is growing interest in safer and more sustainable treatment approaches.

Ayurveda offers several therapeutic modalities for *Avabahuka*, including *Nasya*, *Snehapana*, *Swedana*, *Shamana Aushadhis*, and *Agnikarma*. In the present case, *Kaishore Guggulu*, *Amrittottaram Kashayam*, and *Agnikarma* with *Mrttika Shalaka* were administered to evaluate their effectiveness in reducing pain, stiffness, and restriction of shoulder movements.

CASE REPORT

A 62-year-old male patient attended the OPD no. 16 of Pt. Khushilal Sharma Government Autonomous Ayurveda College and Hospital, Bhopal, with complaints of pain in the left shoulder, stiffness, restricted movements, and sleep disturbance due to pain for the last one

month.

The patient was asymptomatic one month before presentation. Gradually, he developed pain in the left shoulder joint, followed by stiffness and limitation of movements. The symptoms progressively interfered with his daily activities. He had previously taken allopathic treatment, which provided temporary symptomatic relief; however, the symptoms reappeared after a few days. Due to the recurrence of pain and movement restriction, he sought Ayurvedic management. The treatment was administered from 16/04/2026 to 22/04/2026.

No significant past history of diabetes mellitus, hypertension, thyroid disorders, or other major systemic illnesses was reported.

Clinical findings

Blood pressure - 120/70mm of Hg Pulse rate - 72 bpm

Respiratory rate – 14 pm

Systemic Examination

Central Nervous System: Conscious and well oriented Cardiovascular System: S1 and S2 heard and no murmurs.

Respiratory System: Air entry bilaterally equal, NVBS, no added sounds.

Ashtavidha Pareeksha

1. Nadi: Vata-Kaphaja
2. Mutra: Prakruta
3. Mala: Baddha
4. Jivha: Alipta
5. Shabda: Prakruta
6. Sparsha: Anushnasheeta
7. Drik: Prakruta
8. Aakriti: Madhyama

Dashavidha Pareeksha

1. Prakruti: Vata-Kaphaja
2. Vikruti: Vyana Vayu, Shleshaka Kapha,
3. Sara: Madhyam
4. Samhanan: Madhyam

5. Vaya: Madhyam
6. Satmya: Vyamishra
7. Satva: Madhyam
8. Abhyavaran Shakti: Madhyam
9. Jarana Shakti: Madhyam
10. Vyayama Shakti: Avara

Local examination

- Muscle tone: Normal
- Deformity Left shoulder joint: Absent
- Muscular atrophy: slight wasting
- Tenderness: Mild tender
- Local temperature: Normal

Range of Movements

- Abduction - 60°
- Flexion - 45°
- Extension - 50°
- Internal rotation - Severe pain with Dorsum of hand touching to L2 only (15°)

Diagnosis

Diagnosis was made based on classical signs and symptoms of Avabahuka i.e., Shoola (Pain the shoulder joint), Sthambha (stiffness), Bahuprasandita Haratwa (restricted range of movements).^[7]

Aushadh	Matra	Sevan kala	kala	Anupana
Kaishore guggulu	500 mg	After food	15 days	Koshna jala
Amritotaram kashayam	20 ml	After food	15 days	Koshna jala
Agnikarma	Weekly once	-----	2 sittings	----

DISCUSSION

According to Acharya Sushruta, Agnikarma^[8] is considered an effective therapeutic procedure for both acute and chronic pain arising from the skin, muscles, veins, ligaments, joints, and bones. Avabahuka is primarily associated with the involvement of sira (vessels) and snayu (ligaments/tendons), where pain and restriction of movement occur due to their contraction.

Therefore, Agnikarma^[9] is regarded as a suitable treatment modality for relieving pain and

improving function in Avabahuka.

Avabahuka is a disorder of the Amsa Sandhi (shoulder joint) caused by the vitiation of Vata dosha associated with Kapha dosha. Agnikarma is particularly beneficial in managing both Vataja and Kaphaja disorders because of its specific properties and therapeutic actions. The qualities of Agni, namely Ushna (hot), Tikshna (sharp), Sukshma (subtle), and Laghu (light), contribute to its efficacy. Ushna and Tikshna qualities help alleviate aggravated Vata, while Sukshma and Laghu qualities assist in reducing vitiated Kapha, thereby relieving pain, stiffness, and restricted movements in Avabahuka.

Kaishore Guggulu is a classical Ayurvedic formulation mainly indicated in Vatarakta (gout), skin disorders, chronic inflammatory conditions, wounds, and diseases associated with Rakta Dushti (vitiated blood). It contains Guduchi, Haritaki, Bibhitaki, Amalaki, Shunthi, Maricha, Pippali, Vidanga, Danti, Trivrit, Shuddha Guggulu.

Amritottaram Kashayam^[10] The formulation contains three ingredients Guduchi, Haritaki, Shunthi. It is a classical Ayurvedic decoction widely used in disorders involving Ama, Vata-Kapha aggravation, fever, inflammatory conditions, and pain disorders.

OBSERVATION AND OUTCOME

After completion of treatment that was of 1 month patient got significant relief. Agni karma effects in terms of pain and stiffness. The pain during movement and that was getting worse at night got diminished after 15 days of treatment. The range of motion of the shoulder joint also got improved.

Criteria	Before Treatment	During Treatment 7 th day	15 th day	21 th day
Pain	8	6	4	3
Stiffness	7	6	5	3
Extension	50°	65°	70°	85°
Flexion	45°	80°	120°	160°
Abduction	60°	80°	130°	150°

DISCUSSION

Avabahuka, one of the Vataja Nanatmaja Vyadhis described in Ayurveda, closely resembles frozen shoulder in contemporary medicine. It is characterized by pain (Shoola), stiffness (Stambha), and restriction of shoulder movements due to vitiation of Vata Dosha in the Amsa Sandhi. The shoulder joint, being a highly mobile ball-and-socket synovial joint, is susceptible to degenerative and inflammatory changes that may result in functional

impairment.

The treatment protocol employed in this case included Agnikarma, Amrittotaram kashayam and Kaishore Guggulu, both of which play significant roles in the management of Avabahuka. Agnikarma is considered one of the most effective para-surgical procedures for alleviating pain and stiffness associated with disorders involving Snayu, Sira, Sandhi, and Mamsa. The therapeutic heat generated during Agnikarma helps pacify aggravated Vata and Kapha Doshas, improves local circulation, reduces muscle spasm, and relieves pain, thereby enhancing the range of motion of the affected shoulder joint.

CONCLUSION

Avabahuka, a Vata-Nanatmaj Vyadhi described in Ayurveda, closely resembles frozen shoulder characterized by pain, stiffness, and restricted shoulder movements. The combined use of Agnikarma, Amrittotaram kashayam and Kaishore Guggulu proved effective in reducing pain and stiffness while improving the range of motion of the shoulder joint. Agnikarma provides rapid relief through its Vata-Kapha pacifying action, whereas Kaishore Guggulu helps reduce inflammation and supports tissue healing. The findings of this case suggest that this Ayurvedic treatment approach can be beneficial in the management of Avabahuka (frozen shoulder). However, further studies with larger sample sizes are required to validate these results.

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