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# MANAGEMENT OF REFRACTORY AVABAHUKA (FROZEN SHOULDER) VIA COMBINED PARA-SURGICAL INTERVENTIONS (AGNIKARMA AND VIDDHA KARMA) WITH SUPPORTIVE AYURVEDIC MANAGEMENT: A CASE REPORT

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## 1. ABSTRACT

Avabahuka is a classic musculoskeletal disorder categorized under the umbrellas of *Nanatmaja Vatavyadhi*, structurally and symptomatically mimicking Adhesive Capsulitis (Frozen Shoulder) in modern orthopedics. It is clinically recognized by progressive stiffness, profound nighttime pain (*Shoola*), and restricted Range of Motion (*Bahupraspandanahara*). Standard systemic interventions often provide temporary relief, highlighting the need for efficient, minimally invasive protocols. This case report documents the clinical management of a 40-year-old male patient suffering from chronic Avabahuka for three years. The patient was treated with an integrated multimodal framework combining *Viddha Karma* (para-surgical piercing) for immediate neural modulation and pain management, *Agnikarma* (therapeutic cauterization) to address deep capsular pathology and tissue desiccation, and targeted oral supportive Ayurvedic medicines. Significant improvements in the Visual Analogue Scale (VAS) score for pain and a rapid

restoration of glenohumeral kinetics (Abduction, Flexion, External/Internal Rotation) were achieved within 5 treatment sittings. This case highlights the rapid clinical efficacy, safety, and cost-effectiveness of combining *Anushastra Karma* with conservative oral treatment for long-standing refractory frozen shoulder.

**KEYWORDS:** Avabahuka, Frozen Shoulder, Agnikarma, Viddha Karma, Shalya Tantra, Case Report.

## 2. INTRODUCTION

Ayurvedic diagnostics provide an expansive paradigm for understanding structural and kinetic joint pathologies through the subtle dynamics of *Dosha*, *Dhatu*, and *Mala*.[1] Among the degenerative and inflammatory clinical entities, *Avabahuka* stands out as a severe disability affecting the upper extremity. In classical texts, particularly within the surgical purview of Acharya Sushruta, the disease manifests when vitiated *Vata Dosha* localizes within the *Amsa Desha* (shoulder complex), inducing *Shosha* (desiccation) of the *Amsa Bandhana* (glenohumeral ligaments/tendons) and *Akunchana* (constriction/spasm) of the local *Sira* (neurological and vascular networks).[2] In modern clinical orthopedics, this exact pathology correlates to Adhesive Capsulitis, colloquially known as Frozen Shoulder, which pathologically involves progressive fibroplastic proliferation and inflammatory contracture of the glenohumeral joint capsule.[5] Patients navigate through distinct painful, rigid phases that typically last anywhere from 1 to 3 years, severely impairing activities of daily living (ADL). While contemporary medicine heavily relies on oral Non-Steroidal Anti-inflammatory Drugs (NSAIDs), intra-articular corticosteroid injections, or aggressive physical manipulation under anesthesia—all of which carry potential risks and transient outcomes—Ayurveda advocates for localized para-surgical modalities (*Anushastra Karma*) for fast relief.[3] When classical oral pathways face *Margavarodha* (channel obstruction) due to joint congestion, localized therapies like *Viddha Karma* and *Agnikarma* act directly at the site of pathogenesis to break down stiffness (*Stambha*) and instantly modulate nociceptive pathways.[3, 9]

## 3. CASE HISTORY

**3.1 Patient Information:** A 40-year-old male patient, operating as a heavy machinery supervisor (requiring prolonged sitting and intermittent overhead manual loading), presented to the outpatient wing of the Department of Shalya Tantra with a chief complaint of chronic, severe pain and structural stiffness in his right shoulder joint lasting for the past 3 years.

**3.2 History of Present Illness:** The patient reported a insidious onset of right shoulder discomfort three years prior, which started as a mild ache after a long shift at work. Over the following months, the pain intensified, particularly during the night, interrupting sleep. He gradually noticed restriction while performing elementary overhead movements, such as combing his hair, reaching for his back pocket, and putting on a shirt. He sought conventional orthopaedic intervention and was prescribed standard analgesics and muscle relaxants and underwent short courses of physical therapy. These measures offered short-lived, symptomatic relief, and the stiffness progressively locked the joint completely over the subsequent two years, remaining refractory up to his presentation.

**3.3 Clinical Examination & Diagnostic Assessment**

- **Inspection:** Mild muscle wasting of the right deltoid and supraspinatus regions compared to the contralateral side. No visible signs of acute localized erythema or swelling.
- **Palpation:** Severe tenderness noted at the *Amsa Marma* region, the anterior aspect of the glenohumeral joint space (long head of biceps tendon region), and the insertion point of the deltoid muscle.
- **Range of Motion (ROM):** Marked active and passive restriction in all anatomical planes of the right shoulder.
- **Diagnostic Investigations:** An X-ray of the right shoulder (Anteroposterior view) revealed normal joint space without osteophyte formation or severe degenerative arthropathy, ruling out bony ankylosis. An MRI report previously obtained indicated thickening of the glenohumeral joint capsule and signs of mild subacromial bursitis, confirming a classical presentation of Adhesive Capsulitis (Frozen Shoulder) in its chronic, "frozen" stage.

**4. THERAPEUTIC INTERVENTION:** An integrated protocol combining immediate para-surgical measures (*Viddha* and *Agnikarma*) along with systemic supportive medicines was scheduled across 5 distinct sittings, spaced 7 days apart.

**4.1 Viddha Karma Protocol (Needle Piercing)**

- **Pre-procedure:** The right shoulder region was thoroughly cleaned with an antiseptic solution. The patient sat comfortably with the arm relaxed.
- **Procedure:** Under strict aseptic precautions, specific trigger points and anatomical centers around the *Amsa Marma*, deltoid, and supraspinatus muscles were identified. A sterile 26G disposable hypodermic needle was utilized to pierce the skin swiftly at an

angle of 90° up to a depth of 0.5 to 1 cm (avoiding deep vascular structures) to release trapped *Vayu*.[10] The needle was kept *in situ* for approximately 30 seconds to 1 minute and then withdrawn.

- **Post-procedure:** Gentle pressure was applied with sterile cotton.

**4.2 Agnikarma Protocol (Thermal Cauterization)**

- **Pre-procedure:** Performed immediately following *Viddha Karma* on the same day. Points of maximum tenderness and mechanical restriction around the glenohumeral joint lines were distinctly demarcated with a surgical marker.
- **Procedure:** A standard *Panchadhatu Shalaka* (an alloy rod composed of five metals) was heated over a flame until it became red hot (*Tamra Varna*). *Bindu-prakara* (dot-like) cauterization was carefully executed over the marked tender zones. The application was instantaneous to prevent deep thermal necrosis while delivering optimal therapeutic heat (*Ushna* and *Teekshna* properties) directly through the dermis.[8,9]
- **Post-procedure:** Freshly scraped *Kumari Gel* (*Aloe vera*) was applied over the cauterized spots to soothe the superficial burning sensation, followed by the dusting of *Haridra Churna* (Turmeric powder) for its antimicrobial and healing actions. The patient was advised to keep the area dry for 24 hours.

**4.3 Oral Supportive Ayurvedic Management:** To sustain the para-surgical benefits, address the systemic *Vata-Kapha* imbalance, and support tissue rejuvenation (*Dhatu Pushti*), the following oral medicines were prescribed for a duration of 30 days.

1. **Maharasnadi Kashaya:** 20 ml mixed with an equal quantity of lukewarm water, twice daily, 30 minutes before meals. (Acts as a potent systemic *Vatahara* and anti-inflammatory formulation).
2. **Yogaraja Guggulu:** 2 tablets (500mg each) twice daily after meals with lukewarm water. (Targeted for clearing *Margavarodha* and lubricating musculoskeletal interfaces).
3. **Ashwagandha Churna:** 3 grams bedtime with warm milk. (Promotes systemic *Dhatukshaya* reversal and relieves muscle wasting/fatigue).

**5. RESULTS AND OUTCOMES:** The patient's therapeutic progress was evaluated objectively at baseline (Day 0), after the 3rd sitting (Day 14), and at the end of the intervention cycle (Day 30) using the Visual Analogue Scale (VAS) for subjective pain and a universal goniometer for joint kinetics.

| Parameter Evaluation | Baseline (Day 0) | Mid-Treatment (Day 14) | Post-Treatment (Day 30) |
|---|---|---|---|
| **Pain Intensity (VAS Score 0–10)** | 8/10 (Severe, sleep-disrupting) | 4/10 (Moderate, manageable) | 1/10 (Minimal/Absent) |
| **Active Abduction** | 45° | 90° | 165° |
| **Active Flexion** | 60° | 110° | 170° |
| **External Rotation** | 15° | 40° | 75° |
| **Night Pain (*Shoola*)** | Present (Severe) | Intermittent (Mild) | Completely Absent |

By the end of the 5th sitting, the patient reported a complete resolution of nighttime pain. The active and passive Range of Motion in abduction and flexion planes normalized to near-optimal functional degrees, allowing him to return to his workplace activities without functional distress. No adverse reactions, secondary skin infections, or long-term scar complications were observed from the *Agnikarma* sites.

## 6. DISCUSSION

The remarkable clinical recovery observed in this long-standing case of 3 years highlights the definitive synergistic action of localized para-surgery combined with systemic Ayurvedic drugs. Pathologically, the chronic phase of *Avabahuka* involves a mixed state where *Vata* drives the desiccation (*Shosha*) of the joint capsule components, while the secondary accumulation of *Kapha* generates significant *Stambha* (stiffness) and *Margavarodha*.[4, 7]

*Viddha Karma* acts as an instant mechanical decompressor of localized *Vayu*. By stimulating the peripheral nerve endings and local muscle trigger points via precise needle entry, it interrupts the nociceptive signaling loop to the central nervous system—aligning directly with the modern Gate Control Theory of pain modulation.[10] It breaks down localized muscle guarding and reflex spasms instantly, facilitating an immediate widening of the window for physical movements.

Following this, *Agnikarma* addresses the deep-seated capsular pathomorphology. According to Acharya Sushruta, diseases managed by *Agnikarma* show zero recurrence (*Apunarbhava*) because the treatment effectively alters localized tissue metabolism.[8] The intense *Ushna* (hot) and *Teekshna* (sharp/penetrating) potencies of the *Panchadhatu Shalaka* reverse the cold, stagnant properties of *Vata* and *Kapha*.[9] Thermally stimulating these target points induces localized vasodilation, boosts microcirculation, accelerates the clearance of inflammatory exudates, and relaxes the fibrotic contractures of the glenohumeral capsule.

Furthermore, oral administration of *Maharasnadi Kashaya* and *Yogaraja Guggulu* sustains this localized response by downregulating systemic inflammatory markers and nourishing the surrounding *Amsa Bandhana*, reversing the chronic *Dhatukshaya* process.[6]

## 7. CONCLUSION

This case report demonstrates that the combined application of *Agnikarma* and *Viddha Karma*, supported by targeted oral *Vatahara* formulations, offers a highly potent, rapid, and reproducible clinical protocol for managing chronic, refractory *Avabahuka* (Frozen Shoulder). Unlike conventional regimens that require long-term analgesic dependency or invasive joint manipulation, this para-surgical approach targets the localized *Vata-Kapha* pathology safely, cost-effectively and provides lasting relief within a short duration.

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