

CONCEPTUAL STUDY OF AVABAHUKA**Dr. Bijaylaxmi Singh***

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ABSTRACT

Avabahuka is one of the Vata Nanatmaja Vyadhis described in Ayurveda, predominantly affecting the Amsa Sandhi (shoulder joint). It is characterized by pain (Shoola), stiffness (Stambha), and restricted movement (Akshepa Hani) of the shoulder, leading to significant functional disability. The disease bears a striking resemblance to Frozen Shoulder or Adhesive Capsulitis in modern medicine, which involves fibrosis and contraction of the glenohumeral joint capsule. The pathogenesis of Avabahuka revolves around the vitiation of Vata dosha, often associated with Kapha kshaya and Snayu shaithilya (ligamentous laxity). This conceptual study attempts to comprehensively explore the Ayurvedic view of Avabahuka, its etiopathogenesis, symptomatology, and management principles. Additionally, it correlates the condition with modern pathological and clinical perspectives, aiming to establish an integrative understanding

and therapeutic approach.

KEYWORDS: Avabahuka, Vata Vyadhi, Amsa Sandhi, Frozen Shoulder, Ayurveda, Panchakarma.

INTRODUCTION

Musculoskeletal disorders form a significant portion of Vata diseases in Ayurveda. Among them, Avabahuka is a condition that predominantly affects the shoulder joint (Amsa Sandhi). This disease results in progressive stiffness and pain, leading to functional impairment of the arm. In the context of modern medicine, Avabahuka can be compared to Adhesive Capsulitis or Frozen Shoulder, a condition involving inflammation, fibrosis, and adhesions of the

shoulder capsule, resulting in limited range of motion.

Etymology and Definition

The word Avabahuka is derived from two Sanskrit roots: “Ava” meaning “downward” and “Bahuka” meaning “arm.” Thus, Avabahuka denotes a condition where the arm’s mobility becomes limited or impaired.

Acharya Sushruta included Avabahuka under Vata Vyadhi and described it as a disease affecting the Amsa Marma, causing restriction of movement. Madhava Nidana states: “Amsabandhe stambhah shoolam cha avabahuka lakshanam” — stiffness and pain in the shoulder joint are the main features of Avabahuka. Vangasena identifies Avabahuka as the result of aggravated Vata leading to Snayu kshaya and Mamsa sankocha.

Nidana (Etiological Factors)

The root cause of Avabahuka is Vata vitiation. The classical texts list several factors leading to Vata prakopa which can precipitate the disease, such as excessive exertion, exposure to cold, suppression of natural urges, trauma, and age-related degeneration.

Samprapti (Pathogenesis)

Due to Vata prakopa, the aggravated Vata localizes in the Amsa Sandhi (shoulder joint), an area naturally dominated by Vata. Obstruction of Srotas and depletion of Snayu and Mamsa dhatu occur, leading to Amsa Stambha (stiffness) and Amsa Shoola (pain).

Rupa and Lakshana (Clinical Features)

The major clinical features include pain, stiffness, restricted shoulder movements, and inability to perform routine activities such as lifting or combing the hair. If untreated, muscle wasting and chronic pain may occur.

Modern Correlation

In modern medicine, Avabahuka closely resembles Frozen Shoulder (Adhesive Capsulitis). The pathological hallmark is inflammation and fibrosis of the glenohumeral joint capsule, resulting in stiffness and pain. Both share similar clinical features, supporting their conceptual correlation.

Chikitsa (Management Principles)

The Ayurvedic management of Avabahuka aims at Vata shamana, Srotoshodhana, Snayu

poshana, and Sandhi sthairyra. Therapies like Snehana (oleation), Swedana (fomentation), Nasya, and Basti (medicated enema) are the mainstay treatments. Abhyanga with Mahanarayana Taila, Patra Pinda Sweda, Anu Taila Nasya, and Erandamooladi Basti provide effective results. Internal medicines such as Yogaraja Guggulu, Rasnadi Kwatha, and Dashamoola Kwatha help pacify Vata and reduce stiffness.

DISCUSSION

Avabahuka exemplifies the pathological effects of aggravated Vata on musculoskeletal tissues. Ayurvedic therapies like Panchakarma address the root cause by nourishing Snayu and Mamsa dhatu, countering dryness and stiffness. When combined with modern physiotherapy, these treatments can yield superior outcomes.

This integrated approach underlines Ayurveda's holistic management principles for chronic musculoskeletal disorders.

CONCLUSION

Avabahuka is a classical Vata Vyadhi that affects the shoulder joint, causing stiffness and restricted movement. It can be effectively managed with Ayurvedic principles of Vata shamana and Snayu poshana through therapies like Abhyanga, Swedana, Nasya, and Basti. The conceptual correlation with Frozen Shoulder provides a platform for integrative treatment, blending traditional wisdom with modern clinical practice.

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