

## “A SUCCESSFUL AYURVEDIC MANAGEMENT OF AVABAHUKA(FROZEN SHOULDER): A CASE STUDY”

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### ABSTRACT

*Avabahuka* is a disorder of *Amsa sandhi*, and it has been mentioned by *Acharya Sharangadhara* under 80 types of *Vatavyadhis*. It is a disease caused by the vitiation of *Vata Dosha* affecting the *Amsa Pradesha or Amsa Sandhi* (shoulder joint). It involves the *Bahugata Siras*, which become constricted, leading to *Shoola* (pain) and *Bahupraspanditahara* (restriction of movement), resulting in stiffness of the shoulder joint. Consequently, there is a limitation in the range of motion of the affected shoulder. The Clinical features of *Avabahuka* closely resemble those of *Frozen Shoulder or Adhesive Capsulitis* described in Modern Medical Science. The Hallmark feature of this condition is severe pain, particularly during movement of the affected arm, followed by a gradual and progressive restriction of shoulder joint mobility. In the present case study, we have reported 66 years old female patient came with the complaints of Difficulty in lifting Right hand and to perform daily routine activities associated with stiffness in the

right hand since 8 months. The treatment protocol followed here are Amapachana with Ajamoda churna for 3 days, Nasya with Niramisha Mahamasha taila for 7 days followed by Adityapaka guggulu for 45 days. After the treatment, patient got satisfactory results and complaints are reduced by 70-80%.

**KEYWORDS:** Avabahuka, Amsa Sandhi, Niramisha Mahamasha taila, Adityapaka guggulu and Frozen Shoulder.

## INTRODUCTION

As Acharya Sharngdhara quotes *Pitta, Kapha, Mala and Dhatu* are lame without *Vata*.<sup>[1]</sup> If *Vata* is vitiated then the whole controlling system and normal functioning of the *Dosha, Dhatu, Mala* will be hampered leading to innumerable manifestation of various diseases togetherly called as *Vatavyadhi*. *Avabahuka* is one among the *Vatavyadhi*, which is classified under *Vata Nanatmaja Vikara*.<sup>[2]</sup> In *Ashtanga Hridya* it is described as “*Amsamulasthito vaayu sira sankochaya tatraga, bahupraspanditaharam janayatvam avabahukam*”<sup>[3]</sup> means the condition in which the *Vata* gets lodged at the root of the shoulder, subsequently constricting the veins and producing the loss of movements of the shoulder joint. It is the commonest *Amsa Sandhi Vikara* affecting *Amsa Moola* exhibiting the symptoms in *Bahu Pradesha*. *Bahu Praspan danahara, Sthamba, and Shula* of shoulder joints are the cardinal features of *Avabahuka*. *Avabahuka* mentioned in Ayurvedic classics can be co-related with Frozen Shoulder of Modern science. Adhesive capsulitis (AC), is also a synonym of frozen shoulder, an insidious painful regional condition of the upper limb. The exact aetiology of the frozen shoulder is still unknown, one of the causes may be due to reduced blood supply. The Prevalence rate is in between 3 to 5% in the general population and upto 20% in the people having Diabetes Mellitus. Peak incidence of Frozen Shoulder is more commonly seen in Women and Manual workers of age 40 to 60 years.<sup>[4]</sup> The Clinical presentations of Frozen Shoulder are characterized by painful inflammatory condition of the Shoulder Girdle which is accompanied by the gradual progressive stiffness and significant restriction of both active and passive range of motion.<sup>[5]</sup>

In Ayurveda, *Avabahuka* can be treated with *Nasya, Uttarabhaktika Snehapaana*<sup>[6]</sup> and *Nasapana*<sup>[7]</sup> followed by *Shamanoushadhis*.

## CASE STUDY

The present case study deals with 66 years old female patient presented with the complaints of Difficulty in lifting Right hand and to perform daily routine activities associated with stiffness in the right hand since 8 months.

## HISTORY OF PRESENT ILLNESS

- Patient was apparently healthy before 8 months. Gradually she got pain in the Right shoulder joint, later on she felt difficulty in lifting right hand and to perform her daily routine activities. So she consulted Balaji Hospital, Hubli where she was advised to undergo physiotherapy and given with oral medications. Since the patient was elderly aged, it was difficult for her to go for regular follow-ups to the hospital. As her pain got reduced, she stopped visiting. However, after about a month, the pain increased again. At that time, she saw our Hospital's camp advertisement in the newspaper and approached to Ayurveda Mahavidyalaya and Hospital, Hubballi.
- Site- Right Shoulder
- Onset- Gradual onset
- Character- Dull, Aching type
- Radiates- Absent
- Associated symptom- Stiffness+
- Time duration- 8 months
- Exacerbating factor – on performing daily activities
- Relieving factor – Local application of liniment.

## HISTORY OF PAST ILLNESS

### A. Medical history

- K/C/O Hypertension since 30 years [On medication-T. Tazloc trio 40mg 1-0-0]

**B. Surgical history:** Underwent Total Knee Replacement surgery in 2013.

**KULA VRUTTANTA:** No relevant family history contributing to the current condition of the patient.

**PRASAVA VRUTTANTA:** G3P3A0L3D0

**ARTAVA VRUTTANTA:** Attained Menopause at the age of 47 years.

## PERSONAL HISTORY

- Diet –Vegetarian
- Appetite – Good
- Bowel – Clear.(Once a day)
- Micturition - 4-5 times/day

- Sleep – Disturbed (mainly due to pain)
- Habits – Tea- 5 times /day

## VITAL EXAMINATION

Pulse Rate	78 bpm
Respiratory Rate	18cpm
Heart Rate	72bpm
Blood pressure	130/90mmhg

## ***NIDANA PANCHAK***

- ***Nidana***
- *Aharaja -Akaala Bhojana, Abhisyandi ahara sevana*(Dadhi, Idli, dosa..)
- *Viharaja- Diwaswapna, Aticheshta* (Continous usage of right hand for household activities).
- *Manasika nidana – Chinta*
- *Sahaja- Vayo-swabhava (Vata)*
- ***Poorva rupa – Avyakta***
- ***Roopa- Teevra shula, Stabdata and Praspanditahara in Dakshina Bahu pradesha.***
- ***Upashaya – Aushadha sevana, Pata sweda to Dakshina Bahu pradesha, Sukoshna Narikela tailam application.***
- ***Anupashaya – Ati Chesta.***
- ***Samprapti***

*Nidana sevana*



*Kapha dosha prakopa*



*Jataragnimandya*



*Ama Utpatti*



*Kapha (guru, snigdha, sthira) obstructs the normal gati of Vyana Vata*



*Margaavarana of Vyana vata in Rasavaha, Raktavaha, Mamsavaha, Asthi-Majjavaha srotas*



*Kha-vaigunya in Amsa sandhi f/b Srotorodha*



*Prakopa of Vyana Vata*



*Sira sankochana in Bahu pradesha*



*Leads to Stabdata and Bahupraspadanahara*



## **AVABAHUKA**

### ***Samprapti Ghataka***

- *Dosha – Vyana Vata, Shleshaka Kapha*
- *Dushya-Rasa, Rakta, Mamsa, Asthi-Majja*
- *Upadhatu -Sira, Snayu, Kandara*
- *Agni – Jataragni, Dhatwagni*
- *Ama – Jataragnijanya and Dhatwagnijanya ama*
- *Srotas –Rasavaha, Raktavaha, Mamsavaha, Asthi-Majjavahavaha*
- *Srotodusti- Sangha*
- *Udbhavasthana- Pakwashaya*
- *Sancharasthana- Rasayini*
- *Vyaktasthana- Bahu(Dakshina)*
- *Adhistana – Amsa pradesha*
- *Swabhava- Chirakari*
- *Rogamarga- Madhyama*
- *Sadhyaaasadyata – Yanya.*

### ***ASHTA STHANA PARIKSHA***

1. *Nadi – 72 bpm*
2. *Mutra – Prakruta, daaharahita(4-5times in a day)*
3. *Mala – Prakruta(Once a day)*
4. *Jihwa – Ishat lipta*
5. *Druk – Prakruta*
6. *Shabda – Prakruta*
7. *Sparsha – Anushna*
8. *Aakruthi – Sthula*

### ***DASHAVIDHA PARIKSHA***

1. *Prakruti --Kapha-Vata*
2. *Vikruti – Vyana vata, Shleshaka Kapha*

3. *Sara – Madhyama*
4. *Samhanana- Madhyama*
5. *Satwa – Avara*
6. *Satmya – Shadrasa satmya*
7. *Pramana – Ht – 142cms, Wt- 63 kg, BMI – 31.34kg/m2*
8. *Ahara shakti – Abhyavaharana shakti- Madhyama Jaranashakti – Madhyama*
9. *Vyaayama shakti – Avara*
10. *Vaya- Vriddha*

## SYSTEMIC EXAMINATION

- ❖ **Gastro-Intestinal Tract:** Soft and Non-Tender
- ❖ **Respiratory System:** Normal Vesicular Breath Sound heard.
- ❖ **Cardiovascular System:** S1 S2 heard. No added sound heard.
- ❖ **Central Nervous System:** Patient is conscious and oriented to time, place and person.

## ❖ MUSCULO-SKELETAL EXAMINATION

Focused Examination of Right Shoulder

### A. Inspection

Localized swelling – Present

Redness – Mildly present

### B. Palpation

Localized tenderness- Present

Local temperature – Raised

### C. Range of Movements via Goniometer readings<sup>[8]</sup>

Range of Movements	Obtained Reading	Normal reading
Flexion	100 degree	Upto 180 degree
Extension	35 degree	Upto60 degree
Abduction	80 degree	Upto90 degree
Adduction	10 degree	Upto 0 degree
Circumduction	Unable to perform	360 degree

## MATERIALS AND METHODS

TREATMENT	DRUG	DOSAGE AND DURATION
<i>Amapachana</i>	<i>Ajamoda churna</i>	½ tsp-0-½tsp with <i>Ushnodaka</i> Before food for 3 days
<i>Nasya</i>	<i>Niramisha Mahamasha taila</i>	8 drops to each nostril for 7 days
<i>Shamanoushadi</i>	<i>Adityapaka Guggulu</i>	1-0-1 with <i>Ushnodaka</i> After food for 45 days

## ASSESSMENT CRITERIA

### SUBJECTIVE CRITERIA

- 1) *Amsa Sandhi Shoola* (Pain in the Shoulder joint)
- 2) *Amsa Sandhi Graha* (*Bahupraspanditahara*) (Stiffness of the Shoulder joint)

Sl. No.	SUBJECTIVE PARAMETERS	GRADE
1.	<i>Amsa sandhi shoola</i> (pain)	
	No pain.	0
	Mild pain, doesn't interfere with activities of daily living.	1
	Moderate pain and interferes with activities of daily living.	2
	Severe pain and markedly interferes with activities of daily living.	3
2.	<i>Amsa sandhi graham</i> (stiffness)	
	No stiffness.	0
	Mild stiffness after sitting for long duration but relieved by movements	1
	Moderate stiffness, Lasting for one hour.	2
	Moderate stiffness, Lasting greater than 2 hour.	3

### OBJECTIVE CRITERIA

1. Localized Swelling.
2. Restricted Range of Movements – via Goniometer readings.

#### 1. Localized Swelling

SL. NO	OBJECTIVE PARAMETER	GRADE
1.	No swelling	0
2	Localized swelling	1
3	Mild swelling	2
4	Moderate swelling lasting throughout the day	3

#### 2. Restricted Range of Movements – via Goniometer readings.

Range of Movements	Normal reading
Flexion	Upto 180 degree
Extension	Upto 60 degree
Abduction	Upto 90 degree
Adduction	Upto 0 degree
Circumduction	360 degree

## OBSERVATIONS

Following observations were found before and after the intervention

PARAMETERS	BEFORE TREATMENT	AFTER TREATMENT
1. <i>Amsa sandhi shoola</i> (pain)	Severe- Grade 3	Mild –Grade 1
2. <i>Amsa sandhi graham</i> (stiffness)	Moderate- Grade 2	Mild –Grade 1
3. Localized Swelling	Present- Grade 1	Absent- Grade 0

4.ROM via Goniometer readings			
Flexion	100 degree	130 degree	
Extension	35 degree	45 degree	
Abduction	80 degree	90 degree	
Adduction	10 degree	0 degree	
Circumduction	Unable to perform	Able to perform without any difficulties	

## RESULT

Significant improvement was observed in the subjective as well as objective parameters of the patient.

## DISCUSSION

- Avabahuka is a VataVyadhi, where karmataha kshaya is seen. According to Chikitsa sutra, Nasya is directly indicated in Avabahuka, which helps in reducing stiffness and pain in the Shoulder joint, aids in free mobility.

### Probable Mode of action of *Niramisha Mahamasha taila*<sup>[9]</sup> on Avabahuka

- ❖ *Niramisha Mahamasha taila* is a medicated oil prepared by *Tila taila* as base and then processed with different drugs.

RASA	GUNA	VIRYA	VIPAKA	PRABHAVA
Madhurarasa pradhana Tikta rasa	Guru, Snigdha	Ushna	Katu	Vatashamaka

- ❖ Having Ushna Virya and Katu vipaka, which helps in liquefying and removing kapha avarodha. This clears the avarana over vata, restoring normal gati of vata.
- ❖ Hence, the overall action of Mahamasha taila over Avabahuka is  
Kapha Avarana nivarana → Vata shamana → Srotoshodhana → Vataanulomana → Balya and Bruhmana.

### Probable Mode of action of *Adityapaka Guggulu*<sup>[10]</sup> on Avabahuka

- The contents of *Adityapaka Guggulu* includes *Triphala*, *Twak*, *Ela*, *Pippali*, *Guggulu* and *Dashamoola kwatha* as *Bhavana dravya*.
- Most of the drugs have following properties- *Tridosha shamaka*, specially *Kapha-Vatahara*.

RASA	GUNA	VIRYA	VIPAKA	PRABHAVA
Katu, Tikta, Kashaya	Laghu, Ruksha, Tikshna	Ushna	Katu	Kapha-Vatashamaka Lekhana

- *Shothaghna, Dipana, Pachana, Vedanasthapaka, Lekhana and Shoolaprashamana, Balya.*
- *Thus Adityapaka Guggulu* helps in relieving Pain and stiffness and very much effective in *Avabahuka* (Frozen Shoulder).

## CONCLUSION

This case study demonstrates that Ayurvedic management, particularly Nasya Karma, is highly effective in the treatment of Avabahuka (frozen shoulder). The therapeutic approach aimed to provide safe and effective relief within a short duration. Based on the findings of this case, Avabahuka can be successfully managed through Nasya Karma along with shamanoushdi i.e Adityapaka Guggulu. Although the present case shows promising results, further well-designed clinical trials are warranted to substantiate the role of Ayurvedic therapies in the management of Avabahuka.

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