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AVABAHUKA IN AYURVEDIC CLASSICS AND ITS CORRELATION WITH FROZEN SHOULDER: A COMPREHENSIVE REVIEW

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ABSTRACT

Frozen Shoulder, also termed adhesive capsulitis, is a common musculoskeletal disorder characterized by pain, stiffness, and progressive restriction of shoulder movements. In Ayurveda, this condition is described under *Avabahuka*, a *Vataja* disorder involving dysfunction of *Snayu* (ligaments) and *Kandara* (tendons) at the *Amsa Sandhi* (shoulder joint). While modern medicine attributes Frozen Shoulder to capsular inflammation, fibrosis, and adhesion formation, Ayurveda interprets it as a manifestation of aggravated *Vata* leading to structural and functional impairment. This review attempts to correlate the Ayurvedic concept of *Avabahuka* with Frozen Shoulder, analyze its *Nidana Panchaka* (etiology, prodromal features, clinical presentation, pathogenesis), and evaluate both classical and modern management strategies. Literature on Ayurvedic interventions including *Abhyanga*, *Swedana*, *Patra Pinda Sweda*, *Nasya*, and *Basti* therapies shows promising outcomes in alleviating pain and improving shoulder mobility. Comparative evaluation with contemporary approaches such as NSAIDs, corticosteroids, physiotherapy, and arthroscopic procedures suggests that Ayurveda provides safer, holistic, and long-lasting benefits. This article emphasizes integrative

management and highlights the need for further clinical research to validate traditional therapies for global acceptance.

KEYWORDS: *Avabahuka*, Frozen Shoulder, *Vata Vyadhi*, Panchakarma, Ayurveda, Adhesive Capsulitis.

INTRODUCTION

Musculoskeletal disorders are among the leading causes of pain and disability worldwide, and shoulder pathologies constitute a significant proportion of these conditions. Among them, Frozen Shoulder (adhesive capsulitis) is a disabling condition that affects 2–5% of the general population, particularly between 40–60 years of age, with women and patients with diabetes or thyroid dysfunction being more prone.[1,2] The disease typically progresses in three stages—freezing, frozen, and thawing—lasting over months to years and severely impairing quality of life.

In Ayurveda, a similar condition is described as *Avabahuka*, a *Vataja* disorder localized in the shoulder joint (*Amsa Sandhi*). Clinical features include pain (*shoola*), stiffness (*stambha*), and restricted movement (*bahupraspanditahara*), which parallel the symptomatology of Frozen Shoulder.[3] *Avabahuka* is considered a *Nanatmaja Vyadhi* of *Vata*, highlighting the central role of *Vata dosha* in its pathogenesis.

Modern management includes NSAIDs, corticosteroid injections, physiotherapy, hydrodilatation, manipulation under anesthesia, and arthroscopic release.[4] These treatments, while effective for short-term relief, may be associated with recurrence, adverse effects, or incomplete recovery. Ayurveda, on the other hand, provides a holistic perspective through *Vata* pacification, rejuvenation of musculoskeletal structures, and restoration of function using Panchakarma therapies, internal medications, and lifestyle measures.[5,6]

This review bridges Ayurvedic and modern perspectives by:

1. Discussing *Avabahuka* in terms of *Nidana* (etiology), *Samprapti* (pathogenesis), and *Chikitsa* (management).
2. Correlating *Avabahuka* with Frozen Shoulder based on clinical features and pathology.
3. Reviewing clinical research evidence for Ayurvedic management.
4. Proposing integrative models of care for improved patient outcomes.

CONCEPT OF AVABAHUKA IN AYURVEDA

Nidana (Etiology)

Causative factors of *Avabahuka* primarily involve aggravation of *Vata dosha*:

- **Dietary factors:** Excess consumption of dry, cold, light foods; irregular meals.
- **Lifestyle factors:** Overexertion, exposure to cold and dry winds, excessive physical strain on the shoulder joint.
- **Other causes:** Suppression of natural urges, emaciation, trauma, and aging-related degeneration.

Purvarupa (Prodromal Features)

Mild stiffness, vague shoulder pain, and early difficulty in performing overhead movements may indicate impending Avabahuka.

Lakshana (Clinical Features)

- Pain localized to the shoulder joint (*Amsa shoola*).
- Stiffness (*stambha*) of the shoulder and arm.
- Restricted movements, especially abduction and external rotation.
- Weakness of upper limb activities.

Samprapti (Pathogenesis)

Aggravated *Vata dosha* localizes in the *Amsa Sandhi*. Vata, being *ruksha* (dry) and *khara* (rough), leads to depletion of *Snayu* and *Kandara*, resulting in stiffness and loss of mobility. Secondary involvement of *Kapha* contributes to obstruction and rigidity. The pathology is essentially a *Vata-Kaphaja* condition with *dhatukshaya* (tissue depletion).

Upashaya (Relieving Factors)

Relief is experienced with warm applications, oil massage, and fomentation, indicating *Vata*-predominant involvement.

Thus, the Ayurvedic framework provides a logical correlation to the clinical picture of Frozen Shoulder.

Modern Perspective of Frozen Shoulder

Frozen Shoulder is defined as chronic painful restriction of both active and passive shoulder movements due to capsular thickening and adhesions.

Epidemiology

- Incidence: 2–5% of the population.[7]
- Age group: 40–60 years.
- Higher prevalence in diabetics (10–20%) and thyroid patients (5–10%).[8]
- Women are more frequently affected than men.

Etiology and Risk Factors

- **Systemic:** Diabetes, thyroid disease, Parkinson's disease.
- **Local:** Shoulder trauma, immobilization, post-surgery.
- **Idiopathic:** Up to 30% cases.

Pathophysiology

1. Initial synovial inflammation.
2. Capsular thickening and fibrosis.
3. Adhesion formation and loss of elasticity.
4. Decreased joint volume.

Clinical Features

- Pain: Dull aching, worse at night.
- Stiffness: Progressive limitation, especially abduction and external rotation.
- Functional disability: Difficulty in overhead and behind-the-back activities.

Stages

- **Freezing (2–9 months):** Severe pain, progressive stiffness.
- **Frozen (4–12 months):** Pain reduces, stiffness dominates.
- **Thawing (12–42 months):** Gradual recovery, often incomplete.[9]

Investigations

Diagnosis is clinical. Imaging helps rule out arthritis, fractures, or rotator cuff tears. MRI may reveal thickened capsule and decreased joint space.

Management

- NSAIDs, corticosteroid injections.
- Physiotherapy and stretching.
- Hydrodilatation.

- Manipulation under anesthesia or arthroscopic release in resistant cases. Despite these interventions, up to 40% patients experience residual pain or stiffness.[10]

Literature Review: Ayurvedic Clinical Studies on Avabahuka/Frozen Shoulder

Several clinical studies have evaluated the efficacy of Ayurvedic therapies for Avabahuka:

1. ***Patra Pinda Sweda* and *Nasya* Therapy:** A trial on 40 patients showed significant improvement in pain, stiffness, and shoulder mobility after 14 days of combined therapy.[11]

2. ***Erandamoola Niruha Basti*:** A study reported notable reduction in pain and stiffness with *Vatahara Basti* in 20 patients with *Avabahuka*.[12]

3. ***Matrabasti* with *Sahacharadi Taila*:** Demonstrated improvement in shoulder function scores over 21 days of treatment.[13]

4. ***Nasya* with *Anu Taila*:** Found effective in relieving stiffness and improving abduction.[14]

5. **Combined Panchakarma with Physiotherapy:** Comparative trials suggest that integrative management yields superior outcomes to physiotherapy alone.[15]

Overall, these studies emphasize the role of Panchakarma, particularly *Basti* and *Swedana*, in addressing the root cause and providing functional recovery.

Management of Avabahuka in Ayurveda

Panchakarma Therapies

1. ***Snehana* (Oleation):** External oil massage with medicated oils such as *Mahanarayan Taila*.
2. ***Swedana* (Sudation):** Local or full-body fomentation; *Patra Pinda Sweda* reduces pain and stiffness.
3. ***Nasya* (Nasal Therapy):** Administration of medicated oils (e.g., *Anu Taila*) to strengthen neuromuscular pathways.
4. ***Basti* (Medicated Enema):** *Erandamoola Niruha Basti* or *Matrabasti* with *Sahacharadi Taila* pacifies *Vata* at its root.

***Shamana Chikitsa* (Internal Medications)**

- ***Dashamoola Kashaya***: Anti-inflammatory, *Vata-Kapha* pacifying.

- ***Rasnasaptaka Kwatha***: Analgesic and effective in musculoskeletal pain.
- ***Guggulu* preparations (*Simhanada, Yogaraja Guggulu*):** Anti-inflammatory, joint protective.

***Pathya-Apathya* (Diet & Lifestyle)**

- Warm, unctuous diet with Vata-pacifying foods.
- Avoidance of cold, dry, and light meals.
- Regular oil massage and mild exercises.
- Avoidance of overexertion and exposure to cold.

DISCUSSION

The comparison of *Avabahuka* with Frozen Shoulder demonstrates significant parallels in symptomatology and pathogenesis. While modern medicine identifies inflammation and fibrosis as the primary pathology, Ayurveda considers *Vata* aggravation leading to structural degeneration of *Snayu* and *Kandara*.

Ayurvedic management offers distinct advantages:

- Addresses systemic imbalance (*Vata dushti*).
- Therapies such as *Basti* act both locally and systemically.
- Panchakarma ensures detoxification and rejuvenation.
- Lifestyle measures prevent recurrence.

Modern interventions primarily aim at symptomatic relief, and recurrence or residual stiffness is common. Thus, integrative care involving Ayurvedic Panchakarma and modern physiotherapy may provide superior, long-lasting results.

CONCLUSION

Avabahuka, as described in Ayurveda, closely resembles Frozen Shoulder of modern medicine in terms of clinical features and disease progression. Ayurvedic understanding offers a broader etiopathological framework and a holistic management protocol emphasizing dosha balance, musculoskeletal rejuvenation, and functional recovery. Evidence from clinical trials suggests significant efficacy of therapies such as *Basti, Nasya, and Swedana* in improving pain and mobility with minimal side effects. Integrating Ayurvedic therapies with modern physiotherapy may provide an effective, safe, and sustainable management strategy.

Further large-scale clinical studies are warranted to validate these interventions and enhance their acceptance in global health care.

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