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A case study on avabahauka (Frozen shoulder)

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Abstract

Avabahuka is a Vātaja Vikāra. It is a disease that causes significant difficulty in day-to-day activities. It is a type of vatavyadhi that hampers the normal functioning of the shoulder joint. The shoulder joint is the most mobile joint in the human body. Acharya's have mentioned that amsamulasthita vayu causes sankochana of sirā, which results in restriction of hand movements, painful movements, and stiffness. The clinical presentation of Avabahuka can be correlated with the symptoms of frozen shoulder. Ayurveda provides effective management for this Vātaja Vikāra. Shmana chikitsa with Trayodaśāṅga Guggulu and Dashmool Bālā kwath helps in pacifying the vitiated Vāta Doṣa. Nasya Karma is the treatment of choice in Urdhvajatrugata Vātavyādhi, and Avabahuka is one such condition.

Keywords: Avabahuka, vaat dosha, frozen shoulder

Introduction

Ayurveda, the ancient science of life, is founded on the fundamental principles of Tridoṣa, namely Vāta, Pitta, and Kapha, which regulate all physiological and pathological processes of the human body. Among these, Vāta Doṣa holds a prime position as it governs all forms of gati (movement) and pravṛtti (functional activity) of both body and mind. In its prakrut avastha, Vāta dosha plays a crucial role in maintaining harmony among Doṣa, Dhātu, Upadhātu, and Mala, thereby sustaining normal health. However, continuous indulgence in Vātakara āhāra and vihāra, such as excessive intake of rukṣa, śīta, and laghu foods, irregular dietary habits, overexertion, suppression of natural urges, and psychological stress, leads to Vāta Doṣa duṣṭi. This vitiation manifests clinically in the form of various Vātaja Vikāras.

Avabāhuka is one such significant Vātaja disorder, characterized by derangement of the normal function of the Urdhva Śākhā, particularly involving the Aṁsa Sandhi. The term Avabāhuka, as described in Ayurvedic literature, denotes a condition marked by pain, stiffness, and restriction of movements of the upper limb. From the standpoint of samprāpti, the disease is predominantly caused by vitiation of Vyāna Vāta, which undergoes sthāna saṁśraya in the Aṁsa Sandhi. This results in shleshka kapha kshaya, along with māmsa, sirā, and snāyu shoshana, ultimately leading to pain, stiffness, and marked restriction of shoulder movements. The progressive involvement of joint components significantly hampers the individual's ability to perform routine activities.

Clinically, Avabāhuka can be correlated with Frozen Shoulder (Adhesive Capsulitis) described in modern medicine. Frozen shoulder is characterized by gradual onset of shoulder pain followed by progressive stiffness and limitation of both active and passive movements. The condition typically progresses through the painful, frozen, and thawing stages, which closely resemble the clinical features and disease course of Avabāhuka described in Ayurvedic classics.

Ayurveda offers a comprehensive and holistic approach for the management of Avabāhuka through therapeutic modalities such as Snehana, Swedana, Nasya, shaman and Shodhana chikitsa. These interventions are aimed at Vāta-shamana, restoration of joint mobility, and improvement of functional capacity, thereby enhancing the overall quality of life of the patient.

Case study

A 60yr old Female patient with complaints of gradually progressive pain in vaam Ansa sandhi with vaam hast sakashta kriya (restricted movement) for 2-3 months and associated with reduced strength in the vaam hast. Mild manyashool is also present.

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H/O Present illness

No deformity in shoulder joint No history of trauma or fall.
No history of major medical illness

Personal history

Aahar- Ruksho Sheeta Guru Ahar Sheeta jala sevan, Vihara-
Atishram, Diwaswap

Ashtavidh pariksha

- Nadi- 82/min
- Shabda- Spashta
- Mala- 2vega/day
- Sparsha- Anushna
- Mutra- Samyak
- Druka - Prakrut
- Jiva - Niraam
- Akroti - Madhyam

General Examination

- BP- 130/80mmHg PR- 82/min
- RR- 20/min

- RS- AEBE Clear
- CVS- S₁S₂ Normal
- CNS- Conscious and oriented
- P/A- soft non tender

Local Examination**Table 1:** Range of motion of left shoulder joint

SN	Range of motion	Normal range	Left shoulder
1	Flexion	0-180°	90°
2	Extension	0-50°	70°
3	Abduction	0-180°	60°
4	Adduction	0-40°	40°
5	Overhead abduction	150-180°	110°

Samprarpti

Hetu sevan (vaat prakopak aahar vihaar sevan) → Vaat prakop(Vyana vayu and shleshmak kapha dushti)→Vaat sthansanshrya in amsa pradesha →Sira snayu mansa kandara dushti →Vaam ansa sandhi shool, kriyaalpta→Avabahauka

Diagnosis of Avabahauka**Table 2:** Distribution of Presenting Signs and Symptoms in the Patient

S. N	Sign symptoms	
1	Amshashool	Present
2	Stambha(shoulder stiffness	Present
3	Bahupraspandithartwam (Restriction in range of motion)	Present

Assessment criteria**Table 3:** Grading of Shoulder Pain, Stiffness, and Range of Motion Restrictions

S. N	Sign symptoms	Grading
1	Pain in shoulder joint	0-Absent 1-Mild 2-Moderate 3- Severe
2	Shoulder stiffness	0-Absent 1-Mild 2-Moderate 3-Severe
3	Restrictions in shoulder joint range of motion	0-Absent 1-Mild 2-Moderate 3-Severe

Management /Treatment protocol

Avabahauka, was treated with help of Shodhan and shaman chikitsa, the following management was given

Shaman chikitsa**Table 4:** Details of Ayurvedic Medicines with Kalp, Matra, Kala, and Anupana

Kalp	Matra	Kala	Anupana
Trayodashsang guggul	250mg BD	Vyanodane	Koshnaja
Dashmool bala kwatha	10ml BD	Vyanodane	Koshnaja

Shodhan chikitsa**Table 5:** Details of Panchakarma Procedures with Dravya, Duration, and Period of Treatment

	Dravya	Duration	Period of time
Snehan- Manya to vaam hast	Sahacharadi tail	15min	7days
Patra pinda sweda	Eranda patra, tail, rasna, dashmool churna	15min	7days
Nasya	Kshirbala oil	4°-4° bindu in each nostril	7days

Result**Table 6:** Comparison of Shoulder Joint Range of Motion Before and After Treatment

S. N	Range of Motion	Before treatment	After treatment
1.	Flexion	90°	110°
2.	Extension	70°	90°
3.	Abduction	60°	80°
4.	Adduction	40°	40°
5.	Overhead abduction	110°	150°

Assessment of sign and symptoms

Table 7: Comparison of Shoulder Joint Signs and Symptoms Before and After Treatment

SN	Sign Symptoms	Before Treatment	After Treatment
1.	Pain in shoulder joint	2	1
2.	Shoulder stiffness	3	1
3.	Restriction in shoulder joint range of motion	3	2

Discussion

In the present study, observations were done before and after treatment based on Assessment of symptoms and though VAS Scale - is often used for Shoola [Pain].

Snehana -Sthanika snehana was performed from the vaam Amsa to vaam hast Snehana with sahacharadi tail which helps for vaat shmana and to increase blood circulation in the affected area.

Patra pinda Swedana -Sthanika vaam amsa sandhi to vaam hast patra pinda sweda with eranda patra, tail, dashmool, rasna is to pacifying vitiated vaat dosha and to reduce shool at the amsa sandhi pradesha.

Nasya - Ksheerbala tail is used for the Nasya. Vagbhatcharya in the sutarsthan, mention brihana nasya for Avabahauka. Acharya mentioned Nasya as one of the best management modalities for Urdhvajatrugata vyadhi. It helps to decreases the Manyasthita Vata Dushti and helps to reduces the Chimachimayana, Hasta Shoola.

Trayodashang guggul, and dashmool bala kwath gives strength to the affected part and lowers Vata dushti. Overall, this Shamana Chikitsa were used for relieving Amsa sandhi shool, stambha, and vaam hast kriyaalpta.

Conclusion

The present study concludes that the administration of Trayodashang Guggulu (250 mg twice daily after meals) and Dashmool Bala kwath (10 ml twice daily) for a period of 14 days, along with sthanik snehana using Sahacharadi Taila and Patra Piṇḍa Sweda, effectively pacified the vitiated Vata Doṣa. Furthermore, Nasya Karma with Kṣheerbala Taila contributed significantly to the overall therapeutic outcome. The combined treatment protocol resulted in marked improvement in the clinical features of Avabahauka, thereby indicating its efficacy in the management of Avabahauka

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