



Case Study

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AYURVEDIC MANAGEMENT OF AVABAHUKA (FROZEN SHOULDER): A SINGLE CASE STUDY

BN Jadhav ^{1*}, N. Dere ², S. Soman ³

¹ PG Scholar, SST Ayurved Mahavidyalaya, Sangamner, Maharashtra, India

² Guide, SST Ayurved Mahavidyalaya, Sangamner, Maharashtra, India

³ HOD, Department of Kayachikitsa, SST Ayurved Mahavidyalaya, Sangamner, Maharashtra, India

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*Corresponding author

E-mail: jadhavbhagyashree73@gmail.com

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ABSTRACT

Background: Avabahuka, a Vataja disorder of the Amsa Sandhi (shoulder joint), closely parallels Adhesive Capsulitis (Frozen Shoulder). Characterised by pain (Shoola), stiffness (Stambha), and restricted mobility (Bahushosha), it stems from deranged Vata Dosha and Shleshaka Kapha. It disproportionately impacts middle-aged individuals engaged in sedentary, repetitive occupational activities. Case Presentation: A 45-year-old female software developer presenting with an 8-month history of right shoulder pain, progressive stiffness (6 months), nocturnal exacerbation (4 months), and severely restricted range of motion (1 month) was assessed. Ayurveda established Avabahuka with Vata-Kapha predominance and Vishamagni (irregular digestion), correlating to right-sided Adhesive Capsulitis. Intervention: A structured, two-month integrated protocol was instituted, comprising Shamana Aushadhi (Rasnadi Guggulu, Prasariyadi Kashaya), Snehana (Abhyanga with Mahanarayana Taila), Swedana (Patra Pinda Sweda), and Shiro-Nasya (Anu Taila), alongside Pathya-Apathya (dietary/lifestyle) guidelines. Outcome: Fortnightly assessments demonstrated progressive recovery. By day 45, pain and stiffness decreased by 50% and 70%, respectively. At two months, nocturnal pain reduced by 80% with substantial functional gains. Complete symptomatic relief and functional restoration were achieved at three months, with zero documented adverse effects. Conclusion: This case substantiates the efficacy of integrated Ayurvedic management - combining internal medications with targeted Panchakarma therapies- in achieving sustained functional recovery in Avabahuka. The findings advocate for larger randomised clinical trials to validate and standardise these protocols.

Keywords: Avabahuka, Frozen Shoulder, Adhesive Capsulitis, Panchakarma, Nasya, Patra Pinda Sweda, Vata Dosha, Case Study.

INTRODUCTION

The human shoulder is among the most mechanically complex and functionally indispensable joints in the body - a marvel of biomechanical architecture that enables the sweeping arc of motions required for daily life. Yet this very complexity renders it vulnerable to debilitating pathology. Among the most enigmatic and functionally devastating conditions affecting the shoulder is Adhesive Capsulitis - colloquially termed 'Frozen Shoulder' - a condition that begins insidiously, progresses relentlessly, and leaves patients trapped in a cycle of pain and immobility that can persist for years if left inadequately managed.

In the classical Ayurvedic tradition, this very clinical reality was recognised millennia ago. The condition is described as Avabahuka - a Vataja disorder of the Amsa Sandhi (shoulder joint) - first referenced in the Charaka Samhita and elaborated upon by Acharya Vagbhata in the Ashtanga Hridaya. Vagbhata specifically implicates Shiragata Vata - Vata lodged within the channels (Sira) - as the root pathology, leading to Bahushosha (wasting and drying of the shoulder musculature), Shoola (pain), and Stambha (stiffness), culminating in the characteristic loss of shoulder mobility.^{1,2}

The modern clinical narrative of Frozen Shoulder - described by Ernest Codman in 1934 and systematically elaborated as Adhesive Capsulitis by Neviaser in 1945 - corroborates the Ayurvedic understanding with remarkable fidelity. Contemporary evidence establishes a global prevalence of 2-5% in the general population, rising to 10-20% in individuals with diabetes mellitus, with a striking predilection for women in the

fourth to sixth decade of life.³ The condition follows a classically triphasic course: a painful 'freezing' phase, a stiff 'frozen' phase, and a gradual 'thawing' phase - collectively spanning 18 months to three years - rendering it a prolonged source of disability and reduced quality of life.⁴

Modern management primarily relies on physiotherapy, intra-articular corticosteroid injections, hydro dilatation, and surgical intervention such as manipulation under anaesthesia or arthroscopic capsular release. While these approaches offer symptomatic relief, they carry inherent risks including post-injection septic arthritis, avascular necrosis, and post-surgical complications, and they do not address the underlying systemic predisposition.⁵ This creates a compelling case for exploring safe, holistic, and effective therapeutic alternatives.

Ayurveda offers precisely such an alternative through a multi-dimensional therapeutic strategy: Vata-Shamana (pacification of aggravated Vata), Snehana (oleation to restore Kapha-mediated lubrication), Swedana (sudation to improve circulation and reduce stiffness), and Nasya (nasal instillation to address Shiragata Vata and facilitate neuromuscular recovery). These modalities, individually time-honoured and collectively synergistic, directly target the Samprapti (pathogenesis) of Avabahuka at its root.

The present case study documents the clinical course of a 45-year-old female computer professional diagnosed with Avabahuka, managed exclusively through an integrated Ayurvedic protocol over three months. The case is presented not merely as an anecdotal observation, but as a structured clinical narrative aimed

at contributing to the growing evidence base for Ayurvedic management of musculoskeletal disorders and encouraging rigorous clinical inquiry into this profoundly effective system of medicine.

Aim: To evaluate the efficacy of Ayurvedic management in a case of Avabahuka (Frozen Shoulder).

Objectives

1. To assess the role of Shamana and Panchakarma therapies in Avabahuka
2. To evaluate symptomatic relief in pain, stiffness, and range of motion
3. To document functional improvement in daily activities

Case Presentation

Patient Information

Age: 45 years

Gender: Female

Education: M. Pharm

Occupation: Decoder for a foreign-based company

Work Pattern: Prolonged sitting (8 - 10 hours/day) with continuous computer use

Ethical statement: The study was carried out as per ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants. Prior consent was taken from the participant.

Chief Complaints

1. Pain in right shoulder – 8 months
2. Stiffness in right shoulder – 6 months
3. Reduced range of motion – 6 months
4. Increased pain at night – 4 months
5. Difficulty in routine activities – 1 month

History of Present Illness

The patient was fine eight months ago. Then she started to feel pain in her shoulder. This pain came slowly. Over the two months, her shoulder became very stiff, and she could not move it easily. The pain in her shoulder got worse at night. It kept her awake. For the four months, she was in a lot of pain at night, and it was hard for her to sleep. In the month, it became hard for her to do everyday things because of the pain in her right shoulder. So, she went to see a doctor to get some help with her right shoulder pain.

Functional Limitations (Last 1 Month)

- Difficulty combing hair
- Difficulty wearing clothes (especially overhead garments)
- I am having trouble lifting objects; it is really hard for me to do it. Lifting objects is becoming a problem for me.
- Inability to lie on the affected side
- Difficulty reaching behind the back
- Interrupted sleep due to nocturnal pain

Past History

- No history of trauma
- No diabetes mellitus or hypertension

General Examination

- Vitals: Stable
- Prakriti: Vata-Kapha
- Agni: Vishamagni

Local Examination

- Tenderness over right shoulder
- Restricted active and passive movements

- Painful abduction and external rotation

Samprapti (Pathogenesis)

Sitting for a long time and working on the computer nonstop. This has mainly caused Vata Prakopa in Amsa Sandhi. It is affecting Shleshaka Kapha. Causing Shosha. Because of this, pain and stiffness occurred. There is no full range of movement and is called Avabahuka.

Diagnosis

Ayurvedic Diagnosis: Avabahuka

Modern Diagnosis: Adhesive Capsulitis (Frozen Shoulder) - Right Shoulder

Treatment Plan

The treatment was aimed at Vata-Shamana, Snehana, Swedana, and Shiro-Nasya.

Intervention Table

Duration	Intervention
Day 1-60	Tablet Rasnadi Guggulu - BD
Day 1-60	Prasarinyadi Kashaya 10 ml BD
Day 1-60	Abhyanga with Mahanarayana Taila - twice daily
Day 1-30	Patra Pinda Sweda
Day 1-30	Nasya with Anu Taila.

Drugs and mode of action

Drug / Therapy	Mode of Action
Rasnadi Guggulu	Vata-Kapha Shamana, anti-inflammatory, analgesic
Prasarinyadi Kashaya	Vatahara, relieves stiffness and pain
Mahanarayana Taila	Brimhana, Vata-Shamana, nourishes joints
Patra Pinda Sweda	This treatment helps to reduce stiffness in the body. It also improves the circulation of blood
Anu Taila Nasya	This oil helps the Shiragata Vata, in our body. It makes our joints move better

RESULTS

The patient was evaluated at baseline and at regular follow-up intervals over a period of three months. Clinical improvement was assessed based on reduction in pain, stiffness, range of shoulder movements, nocturnal pain, and ability to perform activities of daily living (ADLs).

Before Treatment: Severe pain, marked stiffness, restricted active and passive shoulder movements, difficulty combing hair, dressing, lifting objects, inability to lie on the affected side, disturbed sleep due to nocturnal pain.

After Treatment: Complete relief from pain and stiffness. Full functional recovery of the affected shoulder was achieved with near-normal range of motion. The patient resumed occupational and daily activities without limitation. No adverse effects of therapy were observed throughout the treatment period.

DISCUSSION

Avabahuka is described in Ayurvedic classics as a Vata-pradhana disorder involving the Amsa Sandhi, where aggravated Vata causes Bahu Shosha, resulting in pain, stiffness, and restricted shoulder movements. The clinical presentation of the present case closely resembled adhesive capsulitis (frozen shoulder),

characterised by progressive pain and limitation of both active and passive shoulder movements.¹²

The favourable clinical outcome observed in this patient can be attributed to the combined action of internal medications and Panchakarma procedures, which addressed the disease at multiple levels.

Rasnadi Guggulu possesses Vata-Kapha shamaka, Shothahara, and Vedanasthapana properties. Experimental studies have also demonstrated anti-inflammatory activity of Guggulu through inhibition of inflammatory mediators, thereby reducing pain and periarticular inflammation.⁷

Prasarinyadi Kashaya is indicated in Vata disorders associated with muscular stiffness and restricted joint mobility. Its Vatahara and Brimhana properties help relieve pain while improving nourishment of the affected musculoskeletal tissues.⁸

Daily **Abhyanga with Mahanarayana Taila** provided oleation to the affected joint, reducing dryness (Shosha), improving circulation, relaxing periarticular muscles, and facilitating joint mobility. According to Ayurvedic principles, Snehana is the first-line treatment for Vata disorders because it restores lubrication and improves tissue flexibility.^{13,16}

Patra Pinda Sweda supplemented Snehana by providing therapeutic heat along with medicinal herbs. The combined effect of sudation enhanced local blood flow, increased collagen extensibility, and muscle relaxation contributed to early reduction in stiffness and progressive improvement in range of motion.¹⁰

Administration of **Anu Taila Nasya** addressed Shiragata Vata, which is considered responsible for disorders affecting the neck and upper extremities. Nasya is believed to facilitate neuromuscular function through its action on the channels of the head and cervical region, thereby contributing to restoration of shoulder function.^{11,18}

The sequential clinical improvement observed in this patient supports the synergistic action of these therapies. Pain reduction was evident within two weeks, followed by progressive improvement in stiffness and shoulder mobility. By the end of three months, the patient had regained functional independence and resumed occupational activities without discomfort. Importantly, no adverse drug reactions or treatment-related complications were encountered.

The findings of the present case are comparable with previous Ayurvedic clinical studies conducted by Koli and Nishteswar, who demonstrated significant improvement in pain and shoulder mobility following Nasya and Bahya Snehana in Avabahuka.¹⁹ Similar observations were reported by Kalasannavar *et al.*, who documented substantial functional recovery using combined external Ayurvedic therapies in frozen shoulder patients.²⁰ The modern clinical framework of frozen shoulder, as described by Ernest Codman (1934) and further elaborated by Neviaser (1945) under the term *adhesive capsulitis*, exhibits notable similarities with the Ayurvedic understanding of this condition.^{21,22} Although the present report represents only a single case, the results reinforce the potential role of integrated Ayurvedic management as a safe and effective conservative approach for adhesive capsulitis.

CONCLUSION

The present case demonstrates that an integrated Ayurvedic treatment protocol comprising Shamana Aushadhi, Abhyanga with Mahanarayana Taila, Patra Pinda Sweda, and Anu Taila Nasya produced substantial clinical improvement in a patient with Avabahuka (frozen shoulder). Progressive reduction in pain, stiffness, nocturnal discomfort, and functional disability was observed throughout treatment, culminating in complete symptomatic relief and restoration of shoulder function after three months. The absence of adverse effects further supports the safety and acceptability of this multi-modal Ayurvedic approach. These findings suggest that Ayurvedic management may serve as an effective conservative treatment option for adhesive capsulitis and warrants further evaluation through well-designed clinical studies.

LIMITATIONS

The present study has several limitations. First, it is a single-case report, limiting the generalizability of the findings. Second, validated assessment tools such as the Visual Analogue Scale (VAS), Shoulder Pain and Disability Index (SPADI), Disabilities of the Arm, Shoulder and Hand (DASH) score, and objective goniometric measurements of shoulder range of motion were not employed. Third, radiological or ultrasonographic follow-up was not performed to evaluate structural changes. Finally, the absence of a control group precludes definitive conclusions regarding treatment efficacy.

FUTURE DIRECTIONS

Future research should focus on well-designed randomised controlled clinical trials involving larger sample sizes to establish the efficacy of Ayurvedic management in Avabahuka. Standardised treatment protocols incorporating Shamana and Panchakarma therapies should be developed using validated outcome measures such as VAS, SPADI, DASH score, and objective range-of-motion assessment. Long-term follow-up studies are needed to evaluate recurrence rates and sustainability of therapeutic benefits. Multicentric collaborative research integrating Ayurvedic and contemporary diagnostic methods may further strengthen the evidence base and facilitate wider clinical acceptance of Ayurvedic interventions for frozen shoulder.

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