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Case Study

# Management of Avabahuka (Frozen Shoulder) With Modified Method of Agnikarma - A Single Case Study

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## A B S T R A C T

**Background:** Avabahuka is one such disease that hampers the day-to-day activity of an individual. Avabahuka is considered to be a disease that affects the shoulder joint (Amsasamdhi) and it is caused due to the aggravated Vata Dosha and symptoms like pain during movement, stiffness and restricted movements of the shoulder joint. The clinical condition Avabahuka described in Ayurveda is having the similar clinical features as frozen shoulder of conventional medicine. It is found in routine Ayurvedic practice that patients of frozen shoulder do not get satisfactory relief in signs and symptoms with routine anti Vata treatment. Sushruta Samhita has mentioned that when any of the disease is not responding to conventional Ayurvedic management than it should be treated with Agnikarma.

**Objectives:** To study the effect of Modified method of Agnikarma in the management of Avabahuka Roga (frozen shoulder).

**Case Summary:** A 48 years old female with frozen shoulder underwent modified Agnikarma procedure using Arkapatra and flaming cotton swab hold by artery forceps. Assessments were done using VAS (Visual Analogue scale) and Grade score of stiffness. Remarkable reduction in pain and stiffness was observed within 15 days.

**Discussion & Conclusion:** The modified Agnikarma method proved effective and safe in reducing pain and improving function in frozen shoulder. This modified technique may help standardize Agnikarma practice and enhance clinical outcomes.

**Conclusion:** Modified method of was useful in Avabahuka.

**Key words:** Avabahuka, Frozen Shoulder, Agnikarma, Vata Dosha

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## INTRODUCTION

Avabahuka is considered to be a disease that affects the shoulder joint (Amsasamdhi) and it is caused due to the aggravated Vata Dosha and symptoms like pain during movement, stiffness and restricted movements of the shoulder joint manifests. Agnikarma plays a significant role in relieving pain in diseases with musculoskeletal. Frozen shoulders are a common source of concern. Even though the disease is not fatal, its symptoms make the patient uncomfortable and hamper their day-to-day activities. Modern medicine's management is conservative, such as rest, immobilization, and the use of analgesics, anti-inflammatory drugs, or surgical intervention in the later course of the disease. All of these have their drawbacks in the form of complications such as liver diseases, kidney diseases, wound infections, prolonged rest, and soon. Because conservative treatment with drugs must be continued regularly for an extended period, there is a need for research in Agni karma management which is efficacious and cost-effective with minimum side effects in a small setup.

It is found in routine Ayurvedic practice that patients of Avabahuka do not get satisfactory relief in signs and symptoms with routine anti Vata treatment. Sushruta Samhita has mentioned that disease conditions which are not benefited by Bhaishaja, Shastrakarma and Ksharakarma can be treated by Agnikarma Chikitsa. It has also mentioned that, diseases which are treated by Agnikarma Chikitsa, have least recurrence. Hence modified method of Agnikarma Chikitsa is being applied in the patient of Avabahuka.

This method includes use of Arkapatra and flaming cotton swab hold by artery forcep. The location for Agnikarma is decided by finding most tender point on shoulder joint. The point is covered with an Arkapatra. Then a flaming cotton swab soaked in spirit is kept on it till patient feels burning s.

sensation moderately on that point. Patient was clinically assessed before and after the treatment.

## OBJECTIVES OF STUDY

1. To study the effect of Modified method of Agnikarma in the management of Avabahuka Roga (frozen shoulder).
2. To find out the changes in the sign and symptoms of the Avabahuka (Frozen Shoulder) after Agnikarma procedure.

## DIAGNOSIS CRITERIA

Diagnosis was on the basis of presence of Signs and symptoms of Avabahuka, VAS (Visual Analogue scale) and Grade score of stiffnes.

**Table 1:**Criteria for pain assessment (VAS)

| Sr.No. | Observations | Score |
|---|---|---|
| 1. | Mild pain | 1-3 |
| 2. | Moderate pain | 4-6 |
| 3. | Severe pain | 7-10 |

**Table 2:** Gradescore for stiffness

| Subjectiv eparameter | Observations | Score |
|---|---|---|
| Stabdhata (Stiffness) | Nostiffness | 0 |
| | Mild stiffness, able to continue routine work without Difficulty. | 1 |
| | Moderate stiffness, able to continue routine work, but with difficulty. | 2 |
| | Severe stiffness, felt non movement and also at rest Interfering routine work. | 3 |

## CASE REPORT

### Patient Profile

A 42 years old female patient came to Panchkarma OPD of Goenka Ayurved Hospital, Piplaj, Gandhinagar, Gujarat with chief complaints of right Amsa Sandhishoola (shoulder joint pain) and Sandhi Stabdhata (Stiffness), Patient was suffering since 2 months. The patient reported shoulder joint pain aggravated by upward movement of hand, partially relieved by NSAIDs and physiotherapy. No comorbidities such as diabetes or hypertension were present. No any past surgical history noted by the patient.

**Table 3:** Personal history

| | | |
|---|---|---|
| **Age**- 42 years | **Sleep**- Disturbed | **Prakruti**- Vata-Kaphaja |
| **Sex**- Female | **Appetite**- Good | **BP**- 124/80 mmhg |
| **Marital status**- Married | **Stool**- Regular (1 Time/day) | **Weight**- 67 Kg |
| **Occupation**- Housewife | **Urine**- Normal (5-6 Times/day) | **Height**- 162 Cm |
| **Bala**- Madhyam | **Addiction**- None | **Temperature**- 98.6 °F |

**TABLE 4:** Ashtavidha Pareeksha

| | |
|---|---|
| **Nadi**- 80/ Min,Vata-Pittaj | **Shabda**- Clear |
| **Mutra**- Normal | **Sparsha**- Normal |
| **Mala**- Regular | **Drik**- Normal |
| **Jihva**- Nirama | **Akruti**- Madhyama |

**Systemic examination**

- RS:AE = BE, Clear
- CVS:S1S2 normal,n oany adventitious sound noted
- CNS-Conscious & Oriented
- P/A-Soft and non-tender.

**Localexamination**

- Muscletone:Normal
- Deformity of right shoulder joint-Absent
- Tenderness-present
- Local temperature - Normal
- Restriction of movements with severe pain
- Restrictionrange of Movements:
- Abduction-500
- Flexion-350
- Extension-600
- Internal rotation: Severe pain with the Dorsumof a hand touching L 3 only.

**Baseline Scores (Before treatment):**

**VAS:** 7/10

**Postoperative**

After the procedure, Madhu and Ghrita were applied to the affected area.

**Intervention**

**1. Modified Agnikarma Technique**

**Equipment and Materials**

- Arkapatra (Leaves of Calotropis procera)
- Cotton Spirit swab
- Sponge holding Forcep
- Aloe vera gel

**Method**

Instead of hot Shalaka, flaming cotton swab hold by artery forceps and Arkapatra are used for Agnikarma in this method. The point for Agnikarma is decided by finding most painful point on body surface. The point is covered with an Arkapatra. Then a flaming cotton swab soaked in sprit is brought close to cover the point and kept on it till patient feels burning sensation moderately on that point. Care is to be taken about that the patient's cutaneous sensation should be normal. It is not being kept so long that patient's skin gets burn. Flame should not come in direct contact of surrounding skin or any other body part. The procedure will be continued for 7 days.

**Treatment Schedule**

1 session per day for 7 days.

**Table 5: Avabahuka ( frozen shoulder ).**

| Sr | Criteria | BeforeTreatment | Aftertreatment |
|---|---|---|---|
| 1 | Pain | Severe (VAS-7) | Mild (VAS-3) |
| 2 | Stiffness | Severe | Mild |
| 3 | Range of Rotation | 45 degrees | 170 degrees |
| 4 | Internal rotation | Severe pain with Dorsumof Hand touching to L 3 only | Mild pain with the dorsumof a hand Touching to scapular region |

## DISCUSSION

In modified Agnikarma method, instead of a hot Shalaka, an Arkapatra and a flaming spirit-soaked cotton swab are used on the most tender points of knee joint. This method avoids skin burns, wounds, and scarring, allowing daily repetition and better therapeutic benefit. Although ancient texts do not explain its mechanism, Agnikarma is traditionally considered effective due to its “Prabhava.” Agnikarma exerts ushna, tikshna, and sukshma actions which alleviate Vata-Kapha aggravated conditions. Since Vata-related pain is linked to cold (Shita) qualities, applying heat (Ushna) through Agnikarma logically helps relieve pain in Janu Sandhigatavata. Heat application enhances local circulation, reduces stiffness, improves cartilage nutrition, and modulates pain receptors.The modifications introduced reduced risk of burn injury, Improved uniformity of application and better reproducibility between practitioners. This study discusses Agnikarma as used for treating knee OA. Classical texts describe Agnikarma as a minimally invasive para-surgical procedure indicated for Vata and Kapha disorders, especially when other treatments like medicines, surgery, or Ksharakarma fail. It offers quick relief and shows minimal recurrence when done properly.

## CONCLUSION

A single case study shows the effectiveness of modified Agnikarma in the management of a Frozen shoulder

without any internal medication or major surgical procedure. It is a simple and safe OPD-level procedure with cost- effectiveness. Especially it is instant pain relief. It causes no injury or minimal injury and hence gives the least adverse effects.

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## PATIENT CONSENT

Informed written consent was obtained from the patient for publication of this case report.

## REFERENCES

1. Ronald McRae et al, Practical Fracture Treatment, 4th Edition, Churchill Livingstone London, 2002, Chapter 6 page no. 129.
2. Shastri AD. Sushruta Samhita Ayurveda Tatva Sandipika. 1st ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2016; Nidana Sthana. chap. – 1/82. p.304.
3. Harryman DT, Lazurus MD, Rozencwaig R. The stiff shoulder. In: Rockwood Cam Matsen, FA, Wirth MA, Lippitt SB., editors. The Shoulder. 3rd edition Philadelphia, USA: Saunders; 2004.Das B, GaneshR, Mishra KP. Astudyon Apabahuka (frozen shoulder) and its management by Laghumashatailanasya. AYU. Oct – Nov, 2010; 31(4).
4. Munjal Y, Aggarwal KA.API textbook of medicine. 9th ed. Mumbai: The Association of Physicians of India, 2012; 1809.
5. Agnivesha, Charaka Samhita elaborated by Charaka and Drdhabala with The Ayurveda Deepika commentary by Chakra panidatta on Siddhi sthana edited by Vaidya Yadavji Trikamji Acharya, Chaukamba Surbharathi, Prakashan, Varanasi, Reprint, 2008; 738-722.
6. Sushruta Samhita of Sushrut Nibandha Sangraha, Sanskrit commentary of Dalhan, edited by vaidya Jadhavji Trikamaji Acharya. Varanasi India: Chaukhamba Orientalia; 2002; Nidhan Sthana1/82:268.
7. Charaka: Charaka Samhita of Agnivesh, edited with vidyotini hindi commentary by Shastri Pandit Kashinatha and Chaturvedi Gorakhanatha. Varanasi India: Chakhumbha Bharati Academy; part-1; 1992; Sutra Sthana 20/11:399.
8. Charaka: Charaka Samhita of Agnivesh, edited with Charaka Chandrika hindi commentary by Tripathy Bramhanand. Varanasi India: Chakhumbha Surbharati Prakashan; part-2; 1998; Chikitsa Sthana 28/98:
9. Chakrapani: Chakradutta, edited with Bavartha Sandipani Bhashatika by Tripathi Jagdishwar Prasada. Varanasi India: Chakhumbha Sanskrit Series Office Vidyavilasa press; 1947; Vatavyadhi Chikitsa 100.