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Ayurvedic Management of Avabahuka (Frozen Shoulder) through Amsa Basti, Nasya Karma, and Internal Medications: A Case Report

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Abstract: *Avabahuka is a Vata Nanatmaja Vyadhi characterized by pain, stiffness, and restricted movement of the shoulder joint, closely resembling Adhesive Capsulitis (Frozen Shoulder). This case report describes the successful Ayurvedic management of a 52-year-old female who presented with right shoulder pain and stiffness for six months, associated with difficulty in overhead activities, dressing, combing hair, and sleeping on the affected side. The patient was diagnosed with Avabahuka based on Ayurvedic principles and Frozen Shoulder according to modern clinical criteria. She underwent a 30-day treatment protocol comprising Abhyanga with Mahanarayana Taila, Bashpa Swedana, Amsa Basti with Ksheerabala Taila, Nasya with Anu Taila, oral Ayurvedic medications, and supervised shoulder exercises. Following treatment, the Visual Analogue Scale (VAS) score improved from 8 to 2, shoulder flexion increased from 70° to 155°, abduction from 60° to 150°, external rotation from 15° to 60°, and the SPADI score improved from 78 to 18. These findings suggest that integrated Ayurvedic management may effectively reduce pain, restore shoulder mobility, and improve functional outcomes in patients with Avabahuka.*

Keywords: Avabahuka, Adhesive Capsulitis, Frozen Shoulder, Ayurveda, Panchakarma, Case Report

I. INTRODUCTION

Avabahuka is one of the Vata Nanatmaja Vyadhi described in Ayurveda, primarily affecting the Amsa Sandhi (shoulder joint). The disease results from aggravated Vata Dosha, leading to Shosha (degeneration) of the Snayu (ligaments/tendons), Sira (vascular structures), and Kandara (musculotendinous tissues) surrounding the shoulder. Clinically, it manifests as Shoola (pain), Stambha (stiffness), and Bahupraspanditahara (restriction of shoulder movements), ultimately impairing the functional capacity of the upper limb.

The clinical presentation of Avabahuka closely resembles Primary Adhesive Capsulitis (Frozen Shoulder), a disabling musculoskeletal condition characterized by progressive pain and marked restriction of both active and passive glenohumeral movements. The prevalence of adhesive capsulitis ranges from 2% to 5% in the general population, with a higher incidence among women aged 40–60 years, individuals with diabetes mellitus, thyroid disorders, and prolonged shoulder immobilization. The disorder typically progresses through the painful (freezing), stiff (frozen), and recovery (thawing) phases and may persist for one to three years if inadequately managed.

Conventional treatment modalities include non-steroidal anti-inflammatory drugs (NSAIDs), corticosteroid injections, physiotherapy, hydrodilatation, and arthroscopic capsular release. Although these interventions provide symptomatic relief, many patients continue to experience residual pain, stiffness, and functional limitations.

Ayurveda advocates a multimodal therapeutic approach for Avabahuka, focusing on Vata Shamana and Brimhana therapies. Procedures such as Abhyanga (therapeutic oil massage), Bashpa Swedana (steam sudation), Amsa Basti

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(localized oil retention over the shoulder), and Nasya Karma (nasal administration of medicated oil) are traditionally recommended to alleviate pain, improve local circulation, nourish periarticular tissues, reduce stiffness, and restore shoulder mobility. The present case report describes the successful management of Avabahuka (Frozen Shoulder) using an integrated Ayurvedic treatment protocol.

Case Presentation

A 52-year-old female homemaker presented to the outpatient department of Ayurveda with complaints of progressively worsening pain and stiffness in the right shoulder for the past six months. She reported difficulty in lifting the arm above shoulder level, combing her hair, wearing clothes, lifting household objects, and sleeping on the affected side due to severe nocturnal pain.

There was no history of trauma, fracture, shoulder dislocation, or previous surgery. The patient had been diagnosed with Type II Diabetes Mellitus five years earlier and was receiving regular oral hypoglycemic medication with satisfactory glycemic control. No history suggestive of rheumatoid arthritis, cervical radiculopathy, or neurological disorders was noted.

Table 1: General Information

Parameter	Details
Age	52 years
Gender	Female
Occupation	Homemaker
Weight	64 kg
Height	158 cm
BMI	25.6 kg/m²
Socioeconomic Status	Middle class

Clinical Findings

General Examination

The patient was conscious, cooperative, and hemodynamically stable.

Local Examination

Inspection

- No visible swelling
- No deformity
- Mild wasting of the right deltoid muscle
- Protective posture of the affected shoulder

Palpation

- Local tenderness over the anterior glenohumeral capsule
- Mild muscle spasm involving the deltoid and supraspinatus region
- Local warmth absent

Range of Motion

Table 2. Improvement in Shoulder Range of Motion

Movement	Baseline	Day 15	Day 30
Flexion	70°	110°	155°
Abduction	60°	105°	150°
External Rotation	15°	35°	60°
Internal Rotation	Lumbosacral level	L3 vertebral level	T12 vertebral level

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Both active and passive movements were painful and significantly restricted at baseline.

Diagnostic Assessment

Modern Diagnosis: Primary Adhesive Capsulitis (Frozen Shoulder)

Ayurvedic Diagnosis

Avabahuka (Vata Nanatmaja Vyadhi)

Nidana (Etiological Factors)

- Vata-provoking dietary habits
- Repetitive shoulder strain
- Advancing age
- Diabetes mellitus

Samprapti (Pathogenesis)

According to Ayurveda, Avabahuka develops due to indulgence in Vata-aggravating etiological factors (Nidana Sevana) such as excessive physical exertion involving the shoulder joint, improper posture, advancing age, consumption of dry and cold foods, and irregular lifestyle. These factors lead to Vata Prakopa (aggravation of Vata Dosha). The aggravated Vata causes Shosha (degeneration and depletion) of the Snayu (ligaments), Kandara (tendons), Mamsa (muscles), and other supporting structures of the Amsa Sandhi (shoulder joint). As a result, the stability and nourishment of the shoulder joint are compromised, leading to Amsa Sandhi Vikriti (structural and functional impairment of the shoulder joint). Clinically, this manifests as Shoola (pain), Stambha (stiffness), and Bahupraspanditahara (restriction of shoulder movements), which are the characteristic features of Avabahuka. If left untreated, persistent Vata aggravation may result in progressive restriction of shoulder mobility and functional disability.

Therapeutic Intervention

The patient underwent a comprehensive Ayurvedic treatment protocol for 30 consecutive days.

Panchakarma Procedures

Table 3. Panchakarma Treatment Protocol

Procedure	Medicine	Dose/Duration	Frequency
Abhyanga	Mahanarayana Taila	20 minutes	Daily (30 days)
Bashpa Swedana	Medicated steam	10 minutes	Daily (30 days)
Amsa Basti	Ksheerabala Taila	30 minutes	Daily (15 days)
Nasya Karma	Anu Taila	8 drops in each nostril	Daily (7 days)

Internal Medicines

Table 4. Oral Ayurvedic Medications

Medicine	Dose	Frequency	Duration
Yogaraja Guggulu	500 mg	Twice daily	30 days
Maharasnadi Kashaya	20 mL with equal water	Twice daily before meals	30 days
Ashwagandha Churna	5 g with warm milk	Bedtime	30 days
Dashamoola Kwatha	40 mL	Twice daily	30 days

Physiotherapy

The patient performed supervised shoulder rehabilitation exercises three times daily.

- Pendulum exercise

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- Wall climbing exercise
- Finger ladder exercise
- Capsular stretching exercises

Outcome Measures

Pain Assessment

Table 5. Visual Analogue Scale (VAS)

Visit	Score
Baseline	8
Day 15	4
Day 30	2

Functional Assessment

Table 6. Shoulder Pain and Disability Index (SPADI)

Visit	Score
Baseline	78
Day 30	18

Clinical Improvement

Compared with baseline, the patient demonstrated:

- 75% reduction in pain intensity
- Significant improvement in active and passive shoulder movements
- Restoration of functional activities, including dressing, combing hair, lifting light objects, and overhead reaching
- Improved sleep quality due to marked reduction in nocturnal pain
- No adverse events or treatment-related complications were observed during the intervention period.

Follow-up

The patient was reviewed one month after completion of treatment. Clinical examination revealed near-complete restoration of shoulder mobility with minimal residual discomfort during extreme movements. She was able to perform routine household activities independently without functional limitation. Compliance with prescribed shoulder exercises was satisfactory, and no recurrence of symptoms was observed during the follow-up period.

Discussion

Avabahuka is classified in Ayurveda as a Vata Nanatmaja Vyadhi, in which aggravated Vata Dosha causes degeneration (*Shosha*) of the Snayu (ligaments), Kandara (tendons), Mamsa (muscles), and associated periarticular structures of the *Amsa Sandhi*, resulting in pain (*Shoola*), stiffness (*Stambha*), and restriction of shoulder movements (*Bahupraspanditahara*). The clinical manifestations closely resemble Primary Adhesive Capsulitis (Frozen Shoulder), a condition characterized by progressive capsular fibrosis, chronic synovial inflammation, and contracture of the glenohumeral joint capsule.

The present case demonstrated substantial clinical improvement following a multimodal Ayurvedic intervention consisting of Abhyanga, Bashpa Swedana, Amsa Basti, Nasya Karma, oral Ayurvedic medications, and supervised physiotherapy. After 30 days of treatment, the patient exhibited marked reductions in pain intensity (VAS: 8 to 2), significant improvement in shoulder mobility (flexion: 70° to 155°, abduction: 60° to 150°, external rotation: 15° to 60°), and enhanced functional ability as reflected by the reduction in SPADI score from 78 to 18.

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From an Ayurvedic perspective, Abhyanga using *Mahanarayana Taila* provides Snehana, which pacifies aggravated Vata Dosha, improves tissue lubrication, enhances local circulation, and reduces muscular rigidity. Bashpa Swedana produces controlled sudation that alleviates stiffness, relieves muscle spasm, promotes vasodilation, and facilitates deeper penetration of medicated oils into periarticular tissues. Amsa Basti, a localized oleation therapy, ensures prolonged retention of warm medicated oil over the shoulder joint, thereby nourishing the affected structures, reducing joint stiffness, and improving flexibility. Nasya Karma with *Anu Taila*, indicated for disorders occurring above the clavicle (*Urdhvajatrugata Vikara*), is believed to normalize the function of Vata Dosha, thereby contributing to pain relief and restoration of neuromuscular function.

The prescribed oral Ayurvedic formulations may have contributed synergistically to the therapeutic outcome. Yogaraja Guggulu is traditionally indicated for chronic Vata disorders and possesses documented anti-inflammatory and analgesic properties. Maharasnadi Kashaya is widely used for musculoskeletal disorders to alleviate pain and improve joint mobility. Ashwagandha (Withania somnifera) exhibits antioxidant, immunomodulatory, and adaptogenic activities that may support tissue repair and reduce chronic inflammation, while Dashamoola Kwatha has demonstrated anti-inflammatory and Vata-pacifying effects in experimental and clinical studies.

From a biomedical perspective, adhesive capsulitis is characterized by chronic synovial inflammation followed by fibroblastic proliferation, excessive collagen deposition, capsular thickening, and contracture of the glenohumeral joint capsule. Therapeutic heat generated during Swedana, combined with massage and mobilization, may improve local blood flow, reduce muscle guarding, increase collagen extensibility, and facilitate capsular stretching. The concomitant physiotherapy protocol likely prevented further capsular contracture and promoted restoration of functional range of motion through gradual mobilization.

The significant improvement observed in pain, shoulder mobility, and functional capacity suggests that a comprehensive Ayurvedic treatment protocol may provide effective conservative management for patients with adhesive capsulitis. Nevertheless, conclusions drawn from a single case report should be interpreted with caution. Randomized controlled trials with larger sample sizes, objective imaging assessments, long-term follow-up, and standardized outcome measures are required to establish the efficacy, safety, and underlying mechanisms of Ayurvedic interventions in the management of Frozen Shoulder.

Timeline

Table 7. Chronological Timeline of Clinical Events

Time	Clinical Event
Month 0	Gradual onset of pain in the right shoulder with mild restriction of movement
Month 3	Progressive increase in pain and stiffness leading to difficulty in overhead activities and daily living
Month 6	Presentation to the Ayurveda outpatient department and diagnosis of Avabahuka (Primary Adhesive Capsulitis)
Day 1	Initiation of integrated Ayurvedic treatment including Panchakarma procedures, oral medications, and physiotherapy
Day 15	Significant reduction in pain and noticeable improvement in shoulder range of motion
Day 30	Marked improvement in pain, functional capacity, and shoulder mobility with substantial reduction in SPADI score
One-month follow-up	Near-complete functional recovery with no recurrence of symptoms and independent performance of daily activities

Patient Perspective

Following completion of treatment, the patient reported a considerable improvement in both pain and functional ability. She expressed satisfaction with the treatment outcome and stated that activities previously limited by shoulder pain, including combing her hair, dressing independently, lifting household objects, and sleeping on the affected side, could

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be performed comfortably. She also reported improved quality of sleep and enhanced confidence in carrying out routine household activities without significant discomfort. No adverse effects related to the Ayurvedic interventions were experienced during the treatment or follow-up period.

Patient Statement: *"Before starting treatment, I experienced severe shoulder pain that prevented me from combing my hair, dressing comfortably, and sleeping on my right side. After completing the Ayurvedic treatment, my pain reduced substantially, shoulder movements improved significantly, and I was able to resume my daily activities independently without major discomfort."*

Informed Consent

Written informed consent was obtained from the patient for publication of this case report and associated clinical information while preserving anonymity.

Conflict of Interest

The authors declare no conflict of interest.

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