

Clinical Assessment of Avabahuka (Frozen Shoulder) Based on Ayurvedic Principles

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Abstract: *Avabahuka is a disease described in Ayurvedic classics under Vatavyadhi, characterized by Bahu Praspanadana Hara (restriction of shoulder movements), Shoola (pain), and Stambha (stiffness). The clinical presentation of Avabahuka closely resembles frozen shoulder (adhesive capsulitis) described in contemporary medicine. The present review aims to systematically describe the clinical assessment of Avabahuka based on classical Ayurvedic principles, with emphasis on Roga-Rogi Pariksha, Dosha-Dushya involvement, Srotas assessment, and functional evaluation. Avabahuka is primarily attributed to vitiation of Vata Dosha, which may occur either due to Dhatukshaya or Kapha Avarana. This leads to depletion of Shleshaka Kapha, Snayu-Sandhi dysfunction, and consequent Bahu Praspanadana Hara. The clinical features such as pain, stiffness, restricted shoulder movements, muscle wasting, and functional disability are assessed in relation to Dosha, Dushya, Srotas, and Samprapti Ghataka. Differential diagnosis and prognostic assessment further contribute to diagnostic accuracy and clinical understanding. The review highlights that Ayurvedic clinical assessment of Avabahuka is holistic in nature, integrating structural, functional, and systemic parameters rather than focusing solely on local pathology. Such an approach facilitates early diagnosis, individualized treatment planning, and accurate prognostic evaluation, thereby providing a comprehensive and complementary framework to the modern clinical assessment of frozen shoulder.*

Keywords: *Avabahuka, Frozen Shoulder, Vata Vyadhi, Clinical Assessment.*

I. INTRODUCTION

Avabahuka, often known as Frozen Shoulder in contemporary medical language, is a musculoskeletal condition that primarily targets the shoulder joint, resulting in pain, stiffness, and restricted movement. While this disorder is well-known in conventional medicine, it is closely associated with Ayurvedic principles, where it is considered as *Vatavyadhi*.¹

The economy of the country relies on its work force. *Avabahuka* is one such disease that hampers the day-to-day activity of an individual. The fact that *Vata vyadhi* is one among the *Ashta maha gada*.²

The shoulder joint is recognized as one of the most mobile joints in the body, playing a crucial role in activities such as lifting, pushing, and rotating the arm. Any limitations in its range of motion, especially when paired with pain, can greatly impact daily functioning. *Avabahuka*, also correlated as frozen shoulder, progresses through three distinct stages: freezing, frozen, and thawing. Each of these stages is characterized by different symptoms, including pain and stiffness, with gradual improvement in mobility occurring over time. The freezing stage involves significant pain, particularly during movement, while the frozen stage results in a marked decrease in range of motion, leading to persistent discomfort. Lastly, the thawing phase is characterized by a slow recovery of joint mobility and a reduction in pain, although achieving full recovery can take anywhere from several months to a few years.³



Table no-1 stages of Frozen shoulder corelation with *Vyadhi Avastha* in *Avabahuka*

Frozen Shoulder Stage	Clinical Features	<i>Sama / Nirama Avastha</i>
Freezing (Painful) Stage	Severe pain, night pain, increasing stiffness	<i>Sama Avastha</i>
Frozen (Stiff) Stage	Severe stiffness, restricted ROM, reduced pain	<i>Pachyaman Avastha</i>
Thawing (Recovery) Stage	Gradual return of ROM	<i>Nirama Avastha</i>

Aim And Objectives –

1. To review and analyze Clinical Assessment of *Avabahuka*(Frozen Shoulder) based on ayurvedic principle.
2. To study in detail Clinical Assessment of *Avabahuka*(Frozen Shoulder) based on ayurvedic principle.

Materials And Methods –

This review is based on Classical Ayurvedic texts including *Sushruta Samhita*, *Ashtanga Hridaya*, and *Madhava Nidana*.

- अंसदेशस्थितो वायुः शोषयित्वांसबन्धनम् ॥
सिराश्चाकुञ्च्य तत्रस्थो जनयत्यवबाहुकम् ॥८२॥
सु.नि.१/८२^[4]
- अंसमूलस्थितो वायुः सिराः संकोच्य तत्रगाः ।
बाहुप्रस्पन्दितहरं जनयत्यवबाहुकम् ॥४५॥
अ.सं१५/४५^[5]
- सिराश्चाकुञ्च्य तत्रस्थो जनयेदवबाहुकम्।
मा.नि.२२/६४^[6]

Vata localised in the region of the shoulder, getting aggravated, dries up the bindings (ligaments) of the shoulders, constricts the *siras* (veins) present there and produces *Avabahuka*⁴.

The clinical assessment framework was structured according to *Roga–Rogi Pariksha*, and *Trividh Pariksha*, with functional correlation to shoulder movements.

1. *Roga Pariksha* (Disease Assessment)

Nidana –

The specific cause of *Avabahuka* (frozen shoulder) is not directly mentioned in Ayurvedic texts, but it is classified as a *Vata vyadhi* (Vata disorder), meaning that general causes of *Vata* imbalance apply.⁷

These causes are divided into:

Types of <i>Hetu</i>	Category	Description	Effect on <i>Vata</i> / <i>Avabahuka</i>
<i>Bahya Hetu</i> (External Causes)	Injury / Trauma	Injury to vital points (<i>Marma</i>), especially around the shoulder joint (<i>Ansa Sandhi</i>)	Causes vitiation of <i>Vata Dosha</i> , leading to restriction of shoulder movements and pain characteristic of <i>Avabahuka</i>
<i>Abhyantara Hetu</i> (Internal Causes)	Dietary Factors	Excess intake of <i>Katu</i> (pungent), <i>Tikta</i> (bitter), and <i>Sheeta</i> (cold) foods	Aggravates <i>Vata Dosha</i> , contributing to degeneration and stiffness of shoulder structures



<i>Abhyantara Hetu</i> (Internal Causes)	Lifestyle Factors e.g co-operate workers (IT sector), labour at construction, clerical work	Excessive physical strain such as swimming, wrestling, and heavy lifting	Leads to <i>Vata prakopa</i> at the shoulder joint, resulting in impaired shoulder function
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Poorvaroopa -

All the enlisted *Poorvaroopa* get fully manifested. Though the specific *Poorvaroopa* not mentioned, we may consider following minor symptoms in *Ansa sandhi* to be *Poorvaroopa* in mild form.

1. *Alpa Stabdhat* (mild stiffness on shoulder)
2. *Alpa Shoola* (vague pain in the shoulder)
3. Restricted movement of *Ansa sandhi*.

Rupa (Clinical Features) – ⁸

Ayurvedic Term	Clinical Manifestation
<i>Bahu Prasandana Hara</i>	Restricted active and passive movements
<i>Amsa Shoola</i>	Shoulder pain, often aggravated at night
<i>Stambha</i>	Marked stiffness, especially in mornings
<i>Amsa Shosha</i>	Muscle wasting in chronic stages

- *Madhukosha Vyaakhya* further divides *Avabahuka* into two types based on the causative *Dosha* : *Vata janya* (*Vata* -related) and *Kaphajanya* (*Kapha* related).

Dosha Assessment -

- ***Vata Pradhan***: *Tivra Shoola* (Severe pain), *Rukshata* (dryness), crepitus.
- ***Kapha Anubandha***: *Jadva* (Heaviness), rigidity, profound stiffness with relatively less pain

Samprapti (Pathogenesis) –

In *Avabahuka* (frozen shoulder), *Vata* imbalance can occur in two ways: either through direct aggravation from factors like *Rukshata* (dryness) and strain (*Dhatukshayajanya Avabahuka*) causing tissue depletion and *Ansashosha* (shoulder dryness), or through excessive *Kapha*, leading to *Kaphavrita- Vata*,¹⁰ where *Kapha* blocks *Vata* and creates stiffness in the shoulder. As *Vata* localizes in the shoulder (*Ansa Pradesha*), it causes degeneration by reducing *Shleshaka Kapha* (lubrication), resulting in restricted movement (*Bahuprasandita hara*) and shoulder pain (*Shoola*). The *Madhukosha* commentary distinguishes *Ansa Shosha* and *Avabahuka* as stages in disease progression.¹¹ External trauma (*Marmabhighata*) to the shoulder also affects joint components like *Sira* (vessels) and *Snayu* (ligaments), resulting in restricted movement and a mix of musculoskeletal and neurological symptoms due to *Vata* and *sthanik Kapha*.

Table No. 1 Samprapti ghataka of Avabahuka¹²

<i>Dosha</i>	<i>Vata</i> (<i>Vyana Vata</i> , <i>Prana Vata</i> , <i>Udana vata</i>)
<i>Anubandha Dosha</i>	<i>Kapha</i> (<i>Shleshaka</i>)
<i>Dooshya</i>	<i>Mamsa</i> , <i>Asthi</i> , <i>Sira</i> , <i>Snayu</i> , <i>Kandara</i>



<i>Srotas</i>	<i>Rasavaha, Raktavaha, Mansavaha, Asthivaha, Majjavaha</i>
<i>Sroto Dusti</i>	<i>Sanga</i>
<i>Rogamarga</i>	<i>Madhyam</i>
<i>Vyadhi Swabhava</i>	<i>Chirakari, ashukari in case of abhighataja</i>
<i>Agni</i>	<i>Jataragni and Dhatwagnis</i>
<i>Udbhavasthana</i>	<i>Pakwashaya</i>
<i>Adhisthana</i>	<i>Ansa Pradesh</i>
<i>Vyaktastana</i>	<i>Ansasandhi</i>

2. Rogi Pariksha (Patient Assessment)

A. TRIVIDH PAREEKSHA

Sthanik Pariksha (Local Examination)

I. Darshana Pariksha (Inspection) –

- Observation of the affected shoulder

Inspection	Interpretation
<i>Araktavarna (Redness)</i>	<i>Pittadushti, Aghatjanya (Aagantuj hetu)</i>
<i>Shoth (Swelling)</i>	<i>Kaphaanubandh</i>

- Muscle wasting around:
 - ❖ Shoulder joint
 - ❖ Deltoid region
 - ❖ Scapular area
- Loss of normal **shoulder contour**
- Guarded posture of the affected arm

II. Sparshana Pariksha (Palpation & Movement Assessment) –

Palpation

- Shoulder joint feels:

Palpation	Interpretation
<i>Ushna Sparsha</i>	<i>Amavstha</i>
<i>Shitasparsha</i>	<i>Niramavstha</i>
<i>Sparshaashtva</i>	<i>Vata</i>
<i>Sandhi Aatopa</i>	<i>Vata</i>

Range of Motion (ROM) Assessment

- Both active and passive movements are restricted
- Restriction follows a **capsular pattern**, classically seen in *Avabahuka*.



Shoulder Movement	Active Movement		Passive Movement	
	Degree of angle	Pain/Painless	Degree of angle	Pain/Painless
Utkshepana(Abduction)				
Apakshepana(Adduction)				
Aakunchan(Flexion)				
Prasaran(Extension)				
Chankraman(Rotation)				

Interpretation (ROM Finding)

- Severely restricted
- Moderately restricted
- Mild to moderately restricted
- Painful and limited at end range

III. Prashna Pariksha –

History & subjective complaints

- Gradual onset of shoulder pain
- Pain aggravated by:
 - Night time
 - Cold exposure
 - Movement
- Progressive restriction of movement
- Difficulty in:
 - Lifting arm
 - Combing hair
 - Wearing clothes
- History of:
 - Trauma
 - Overuse
 - Diabetes (risk factor)

A. Differential Diagnosis (Ayurvedic Perspective)

Condition	Differentiating Feature
<i>Amsa Shoola</i>	Only Pain Present
<i>Sandhigata Vata</i>	<i>Aatopa, Shoola, Prasaran-Akunchan Vedana, Vata-purn druti Sparsha</i>
<i>Abhighataja Vyadhi</i>	History of trauma is present
<i>Vishwachi</i>	<i>Sanchari Vedana</i>

B. Prognostic Assessment

- **Sadhya:** Newly occurrence of disease, Vataj predominance
- **Krichra Sadhya:** Chronic cases with Kapha association



- **Yapya:** Long-standing cases with muscle wasting

Discussion

Ayurvedic clinical assessment of *Avabahuka* extends beyond structural diagnosis to include systemic and constitutional factors. The involvement of *Vata Dosha* at the level of *Snayu* and *Mamsa* leads to restriction of joint movements, while *Kapha* association contributes to stiffness and chronicity. Functional assessment aligned with daily activities provides an effective clinical measure of disease severity. This holistic approach aids in selecting appropriate *Panchakarma* procedures and *Shamana* therapy.

II. CONCLUSION

The Ayurvedic clinical assessment of *Avabahuka* is comprehensive and multidimensional, emphasizing *Dosha-Dushya-Srotas* involvement and functional impairment. Understanding *Avabahuka* through Ayurvedic diagnostic principles facilitates early diagnosis, individualized management, and accurate prognostic evaluation, offering a complementary perspective to modern clinical assessment of frozen shoulder.

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