

Holistic Intervention for Adhesive Capsulitis: A Case Study Demonstrating the Curative Potential of *Vata-Kapha* Pacifying Treatment in *Avabahuka*.

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Abstract:

Avabahuka, a condition described in Ayurveda, is clinically correlated with **Frozen Shoulder** or **Adhesive Capsulitis** in modern medicine. Characterized by severe pain, stiffness, and restricted range of motion in the shoulder joint (**Amsa Sandhi Shoola** and **Bahu Praspandan Har**), Avabahuka significantly impairs daily living. This article describes the case study demonstrating the efficacy of a holistic Ayurvedic therapeutic regimen, primarily targeting the vitiated **Vata Dosha** (often with an associated **Kapha** obstruction). The management typically includes a combination of Panchakarma therapies (external and internal oleation, sudation, and nasal administration) and Shamana (palliative) medications, showing significant improvement in pain and mobility.

INTRODUCTION

Avabahuka is classified as a *Vatavyadhi*—a disorder arising primarily from the vitiation of the Vata Dosha. Acharya Sushruta described the pathology as the aggravated Vata Dosha localizing in the *Amsa Sandhi* (shoulder joint) and constricting the local blood vessels (**Siras**), leading to the characteristic loss of movement and pain.

The condition is often understood in two stages:

1. **Amsa Shosha**: An initial stage of dryness or depletion (**Dhatukshaya**) of the **Shleshaka Kapha** (synovial fluid) in the joint, making it susceptible to Vata aggravation.
2. **Avabahuka**: The subsequent stage where Vata and Kapha become vitiated, leading to constriction, stiffness, and severe pain.

In modern terms, Frozen Shoulder typically progresses through painful, frozen (stiff), and thawing phases, mirroring the severity of symptoms described in the Ayurvedic texts. The global incidence is estimated at 2%–5% of the general population, with a higher prevalence in women, individuals aged 40–60, and those with co-morbidities like Diabetes Mellitus.

Review on *Avabahuka* (Frozen Shoulder)

Avabahuka is a debilitating musculoskeletal disorder in Ayurveda, closely correlated with **Frozen Shoulder** or **Adhesive Capsulitis** in modern medicine. This condition severely restricts the function of the shoulder joint, which has the greatest range of motion in the body, consequently hampering the patient's daily routine.

अंसदेशस्थितो वायुः शोषयित्वान्सबन्धनम् ।
शिराश्चाकुञ्च्य तत्रस्थो जनयेदवबाहुकम् ॥

ETIOLOGY AND PATHOGENESIS (*NIDANA* AND *SAMPRAPTI*)

Avabahuka is classified as a *Vatavyadhi* (a disease primarily caused by Vata imbalance). The causative factors (*Nidana*) are broadly categorized as:

- **Aaharaja (Dietary):** Consumption of Vata-aggravating foods like those that are excessively dry (*Ruksha*), cold, pungent (*Katu*), bitter (*Tikta*), or astringent (*Kashaya*).
- **Viharaja (Lifestyle):** Overexertion (*Ativyayama*), improper posture, exposure to cold/wind, excessive swimming, or prolonged suppression of natural urges (*Vegadharana*).
- **Abhigataja (Traumatic):** Direct injury or trauma to the shoulder region (*Amsa Sandhi*).

The pathogenesis (*Samprapti*) begins when aggravated *Vata Dosha* localizes in the *Amsa Sandhi* (shoulder joint).

1. Vata's dryness and cold qualities cause the initial depletion or consumption (*Shosha*) of the local nourishing fluid, *Shleshaka Kapha* (synovial fluid/lubrication).
2. The vitiated Vata, often accompanied by obstructed *Kapha* (creating a Vata-Kaphaja state), then causes constriction (*Sankoca*) of the vessels (*Siras*) and soft tissues in the shoulder.
3. This constriction results in the cardinal symptoms of pain and severely restricted movement.

Cardinal Symptoms (*Rupa*)

The main clinical features of *Avabahuka* are:

- **Amsa Sandhi Shoola:** Severe pain in the shoulder joint, often worse during movement.
- **Bahu Prasrandan Har:** Restricted or loss of arm movement.
- **Amsa Sandhi Stabdhatta:** Stiffness in the shoulder joint.
- **Bahu Shosha:** Wasting of the arm muscles (in chronic, long-standing cases).

Prognosis (*Sadhyasadyata*)

Avabahuka is generally considered *Krichhrasadya* (difficult to cure), especially if chronic. Early intervention targeting Vata-Kapha is crucial for a complete recovery.

CASE REPORT

This case study demonstrates the integrated Ayurvedic approach using *Panchakarma* (purification) and *Shamana* (palliative) therapies to treat a chronic case of *Avabahuka*.

Patient Profile and Clinical Presentation

Detail	Finding
Patient Name	Mrs. S.K. (Name anonymized)
Age / Gender	47 years / Female
Occupation	Homemaker
Chief Complaint	Pain and restricted movement in the right shoulder joint.
Duration of Illness	6 months.
History	Insidious onset. Pain was dull, aching, and pricking, severely disturbing sleep. Patient had previously undergone conventional treatment (NSAIDs and physical therapy) with minimal, temporary relief. No history of diabetes or major trauma.
Ayurvedic Diagnosis	Avabahuka (Vata-Kaphaja involvement due to the chronic nature).
Modern Diagnosis	Frozen Shoulder (Adhesive Capsulitis).

Assessment Parameters (Before Treatment)

Assessment was based on subjective (Pain) and objective (Range of Motion) parameters:

Parameter	Pre-Treatment Observation
Pain (VAS Scale: 0-10)	7/10 (Severe pain at rest and aggravated by movement).
Active Abduction (Normal $\approx 180^\circ$)	50 (Severely limited).
Active Flexion (Normal $\approx 180^\circ$)	70 (Markedly restricted).
External Rotation (Normal $\approx 90^\circ$)	15 (Almost completely blocked).

Therapeutic Intervention (2-Month Protocol)

The line of treatment was planned to perform **Vata-Kapha pacification** (Vata-Kapha Hara Chikitsa), break the obstruction (*Srotorodha*), and nourish the joint tissues. The patient underwent a two-course regimen of intensive therapy (15 days each, with a 15-day break in between)

A. Panchakarma Therapies (External/Local)

Therapy	Procedure	Therapeutic Agent	Duration
Sthanika Abhyanga (Local Oleation)	Gentle massage over the shoulder, neck, and upper back.	Balataila (Vata-pacifying and nourishing oil).	25 mins daily for 15 days (each course).
Patra Pinda Sweda (Bolus Fomentation)	Application of hot boluses containing leaves of Vata-Kapha alleviating herbs.	Nirgundi (<i>Vitex negundo</i>), Eranda (<i>Ricinus communis</i>).	15 mins (post-Abhyanga) daily for 15 days.
Pratimarsha Nasya (Nasal Instillation)	Drops of medicated oil instilled in each nostril.	Anutaila (Nourishes <i>Urdhvajatrugata Siras</i> and pacifies Vata).	2 drops daily (morning).

B. Shamana (Internal) Medications

Medication	Dose	Anupana	Properties
Mahayogaraja Guggulu	500 mg, twice daily (BD)	Lukewarm water	Potent anti-inflammatory, reduces pain and stiffness.
Maharasnadi Kwatha	20 ml, twice daily (BD)	Lukewarm water	Vata-Kapha pacifying, muscle relaxant, and pain-relieving.

RESULTS AND OUTCOME

The patient showed **significant improvement** in both subjective and objective parameters after the 60-day treatment and follow-up period.

Parameter	Pre-Treatment	Post-Treatment (2 Months)
Pain (VAS)	7/10	3/10
Active Abduction	50	100
Active Flexion	70	110
External Rotation	15	50

Statistics Result

Percentage Change: Pre vs Post

- Active Abduction: 100% increase
- Active Flexion: 57.1 % increase
- External Rotation: 23.33% increase

The patient was able to perform most of her routine activities, such as combing hair, wearing clothes, and lifting light objects, with relative ease and without sleep disturbance.

DISCUSSION

The successful outcome in this case highlights the strength of the holistic Ayurvedic approach:

- **Snehana (Balataila):** Counteracted the Vata's dryness (*Rukshata*), nourishing the joint and reducing stiffness.
- **Swedana (Patra Pinda Sweda):** The mild heat and active herbal compounds helped break the Kapha obstruction (*Srotorodha*), improved blood circulation, and increased the flexibility of the joint capsule.
- **Nasya (Anutaila):** Nasal administration is considered a direct route for treating disorders in the head, neck, and shoulder region (*Urdhvajatrugata Roga*). It helped in localized Vata pacification and enhanced neurological and muscular coordination.
- **Oral Medicines:** The internal use of Guggulu and Kwatha provided continuous systemic anti-inflammatory and Vata-balancing effects, supporting the benefits of the Panchakarma procedures.

The combination of these therapies addressed the dual pathology of Avabahuka—**Vata** aggravation leading to pain and **Kapha** association causing stiffness—providing sustained relief unlike the temporary relief from palliative pain medications.

CONCLUSION

Avabahuka, a challenging condition in modern orthopedics, demonstrates excellent response to the classical Ayurvedic therapeutic regimen. The combination of local Panchakarma therapies like **Snehana**, **Swedana**, and **Nasya** with specific Vata-Kapha pacifying internal medications provides a multi-dimensional approach that effectively reduces pain, breaks adhesions, restores joint function, and offers a long-term cure. This case study reaffirms the clinical relevance of traditional Ayurvedic wisdom in managing chronic musculoskeletal disorders.

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