



Role of Agnikarma in management of Avabahuka: A Case Report

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ABSTRACT:

Agnikarma, an important Ayurvedic parasurgical procedure, is basically heat burn therapy used to treat diseases caused by Vata and Kapha dosha. The Avabahuka is Vata-vikar which is nearer to the frozen shoulder (FS) of modern science. The classical features of Avabahuka as well as Frozen shoulder are Shool (pain), Stambha (stiffness), and bahu-praspandithara (decreased range of motion) of the shoulder joint (Ansha sandhi). Various treatment modalities available for the treatment of that still some other possible modalities are expected. So a separate remedy by Agnikarma with Ayurvedic drugs was adopted to treat this case. A 52-year-old male patient has complaint of pain, and difficulty in motion of the right shoulder joint. The patient has been diagnosed as Avabahuka of the right shoulder joint based on history, clinical features, and examination. The Agnikarma as an intervention was decided and performed on the right shoulder joint of the patient. The Agnikarma subdues the Vata and Kapha dosha that is responsible for Avabahuka. After five sittings of Agnikarma, the pain and stiffness in the shoulder region reduced and also increased in the range of motion (ROM). The Agnikarma in Avabahuka has a promising effect.

KEYWORDS: Adhesive Capsulitis, *Agnikarma*, *Avabahuka*, Frozen Shoulder, *Vatavyadhi*.

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INTRODUCTION:

Ayurveda has a variety of treatment modalities, including surgical, parasurgical, and Panchakarma, for the treatment of various ailments. [1]. The source texts of Ayurveda like Charak Samhita, Sushruta Samhita, Ashtanga Hridaya, etc. have descriptions of various *Vata*ja, pittaja, and *Kapha*ja diseases. Among them, the *Vata*

dosha causes various diseases like *Avabahuka* [2].

Despite the fact that the *Avabahuka* disease is not mentioned in the *Vata*-naanaatmaja list, Sushruta and other ancient seers described it as *Vata*ja *vikar*. The exact aetiology of *Avabahuka* is not described in the text but can be interpreted by *Dhatukshaya* and *Sanshrushta dosha* [3]. The common features of *Avabahuka* are *Ansha*



sandhi Shool (pain), Stabdhata (stiffness), Shosha (muscle wasting), and Bahupraspandithara (decreased range of motion) of Ansha Pradesh (shoulder region). The Ansha marma pathological presentation has similar features to Avabahuka [4]. The various treatment modalities for FS are Snehana (oleation), *Upnaaha* (poultice), *Agnikarma* therapy), Bandhan (bandaging), Mardan (deep tissue Ayurvedic massage), Nasya (instillation of medicine through nostrils), Marma Physiotherapy, therapy, Vatashamak chikitsa [5]. The Ayurveda stalwarts practicing these modalities and providing relief to patients still have challenges in regard to satisfaction and cure. The features of Avabahuka disease can be correlated with a frozen shoulder [6]. The frozen shoulder is associated with synovitis and capsule contracture, it is not associated with capsular adhesions. When capsule adhesion occurs then called adhesive capsulitis. The Frozen Shoulder (FS), "Adhesive Capsulitis" or "Periarthritis" is a common musculoskeletal disorders at the shoulder joint in modern medical science [7]. It develops gradually, gets worse, and may resolve. The FS has three stages, respectively: the painful stage (Stage I, freezing from 2 to 9 months), the stiffness stage (Stage II, frozen stage, 4 months to 12 months), the resolving stage (Thawing stage, 12 months to 42 months) [8]. Various methods are in practice to cure FS. NSAIDs, oral corticosteroids. injectable corticosteroids, physical therapy, and management surgical are common treatments for FS. The results still need more expectations [9].

Agnikarma is an Ayurvedic parasurgical procedure. Their detailed descriptions, including indications, contraindications, and material methods, are available at Sushruta sutra sthana twelve (Agnikarma vidhiadhyaya) [10]. Basically, Agnikarma is an

ancient form of heat therapy or intentional therapeutic heat burn therapy and is well suited for diseases caused by *Vata* and *Kapha dosha*. It's a day-care, non-invasive, and cost-effective procedure that provides promising results [11].

CASE REPORT:

A 52-year-old male patient attending the Shalya OPD of the institute has complained of pain, stiffness, and restricted movement of the right shoulder region for the last six months. According to the patient, one day after awakening feels pain over his right shoulder region. With due time patient also felt problems in moving his right arm, was unable to raise his hand above head level, and faced difficulty in backward movement of his right upper limb. On examination at the right shoulder region, the surface anatomy finds normal. Locally there is no scar seen, skin appears normal, and skin temperature is normal with no any swelling. The decreased muscle bulk, tenderness at the upper lateral side of the shoulder joint, and stiffness were observed during the movement of the shoulder joint (Table 1). The patient had past history of consultation for the same and had taken some untraceable remedies for the first five to six days, but the problem got worsen. After that also consulted other allopathic hospitals and took the treatment for 3 months, but finds no significant relief. He also consulted two more hospitals and took treatment for two

on July 1st, 2022.

The patient had no history of any major trauma, Diabetes mellitus, Tuberculosis, Typhoid, or other chronic illness except hypertension, for which taking allopathic medicine as recommended by a doctor. The patient have no significant family history related to the disease. Personally patient have an un-scheduled lifestyle, vegetarian

months, but the disease still persisted. Then he visited our hospital and started treatment





and non-vegetarian food habit, regular bowel habit, good appetite, proper micturition, sound sleep, tobacco chewing addiction and no known drug allergy. On physical examination there was no pallor, icterus, cyanosis, clubbing, edema, or any lymphadenopathy noticed. The vital sign including blood pressure (130/70 mm Hg), pulse rate (68 beats per minute), respiratory rate (17 per minute), temperature (98 °F), weight (84 Kg), height (5 feet 6 inches) and general condition was normal. The case summary of the patient examination is mentioned below in Table 1.

Investigations: The complete blood picture has normal value as hemoglobin 12 mg/dl, total leucocyte counts 6000 cells/cu mm, differential leucocyte count and other blood picture were normal. The X-ray of the right shoulder region (Anteroposterior & lateral view) shows a normal scan. On the basis of history and clinical examination, the case was diagnosed as "Avabahuka" disease from an Ayurvedic perspective, which is similar to a "frozen shoulder".

THERAPEUTIC INTERVENTION:

The *Agnikarma* therapy, along with some Ayurvedic medicine, was adopted to treat this case.. The detail of the procedure of *Agnikarma* is mentioned below-

After explaining the *Agnikarma* procedure to the patient, written consent was obtained. All the required materials are kept ready like cuppor made *Agnikarma shalaka* [12]. *Aloe vera pulp, Dashmool kwath, yastimadhu* powder, dressing material, etc. also checked and ensured cleanliness. The vital signs was monitored and were normal before proceeding. The soft diet and fruit juice were given orally prior to the procedure.

In the sitting posture, the local part (right shoulder) was cleaned with Dashmool kwath (antiseptic solution) [13] properly (Figure 1). Initially, explain the procedure and then the Agnikarma is performed with a cuppormade shalaka on the right shoulder region. The bindu type Agnikarma is made and exposed to red hot shalaka for a second, keeping the tolerance of the patient in mind. About 30 bindu were made [Figure 2]. The care of burn site skin is done by applying the Aloe vera pulp immediately. Then *Yastimadhu* powder is sprinkled at the burn site [Figure 3] and the dressing is done. Full aseptic precautions were taken during the whole procedure to avoid infection.

After *Agnikarma* the patient was advised to take care of the local part, avoid trauma, and exertion. A light diet was advised along with a normal lifestyle. Avoid excessive intake of oily (spicy) foods, junk foods, sour foods, excessive maida (fine flour), dahi (curd), excessive walking, and exercise. Shadbindu tail [14] is used for Nasya karma, two drops twice a day in each nostril on an empty stomach. The Ayurvedic drugs Simhanad Guggulu [15] 500mg two tablets twice a day with lukewarm water, and Dashmool kwath 40 ml twice a day with water given orally, was prescribed. The Agnikarma procedure was repeated for five consecutive sittings at weekly intervals. The follow-up was done after one month. The patient's symptoms decrease continuously with improvement after each sitting. Finally, the patient becomes asymptomatic.

The timeline of events while treating the patient is mentioned in Table 2. The outcome measures and follow-up assessed and their detail mentioned in Table 3.



Table-1: Case summary of examination:

Particulars	Descriptions		
Duration	Since last six month		
Onset	Sudden, after awakening in morning		
Site	Right shoulder joint		
Type	In freezing & frozen stage.		
	Basically primary Frozen shoulder.		
Relieving factor	Rest		
Aggravating factor	Physical work, exertion		
Other factors	Patient have no history of Diabetes mellitus, trauma,		
	depression, other chronic illness except hypertension.		
Flexion of Right shoulder joint	400		
Extension of Right shoulder	300		
joint			
Abduction of Right shoulder	800		
joint			
Adduction of Right shoulder	00		
joint			
Circumduction of Right	Incomplete, painful		
shoulder joint			
Internal rotation	500		
External rotation	400		

Table -2: Timeline of events:

Time	Event	Improvement
01/07/2022	The Patient was initially seen in Shalya	Initial stage with pain, stiffness, and
	OPD 16 and first Agnikarma sitting	ROM
	completed.	
08/07/2022	Agnikarma has been completed for the	Pain, stiffness slightly reduced
	second time.	Range of motion slightly improved.
15/07/2022	The third sitting of <i>Agnikarma</i> done	Pain, stiffness moderately reduced
		Range of motion moderately improved.
22/07/2022	Agni karma's fourth first sitting has	Pain, stiffness moderately reduced
	been completed.	Range of motion moderately improved.
05/08/2022	The fifth sitting of <i>Agnikarma</i> done	Slight pain, and stiffness
		Range of motion achieved
05/09/2022	Follow up	No pain and stiffness
		Full range of motion achieved

Table 3: Outcome measures and follow up:

Sign/	Assessmen	Assessmen	Assessmen	Assessmen	Assessmen	Assessmen
Symptom	t in first	t before the	t before the	t before the	t before the	t in follow
S	sitting of	second	third	4 th sitting	5 th sitting	up (after
	Agnikarma	sitting of	sitting of	of	of	15 days)
		Agnikarma	Agnikarma	Agnikarma	Agnikarma	

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Pain	3	3	2	1	0	No pain
Stiffness	3	2	2	1	0	No stiffness
Range of	Severely	25%	50%	75%	Completely	Full range
motion	reduced	improved	improved	improved	stored	of motion

Clinical images:







Figure 1: Poorvakarma (prior local preparation)

Figure 2: Pradhhan karma (main procedure)

Figure 3: Paschat karma (after care)

DISCUSSION:

The Avabahuka is a Vatavyadhi as per Avurveda literature, and their site is Ansha sandhi (shoulder joint). Avabahuka has features like pain, stiffness, and decreased range of motion that are nearer to those of a frozen shoulder, a musculoskeletal disorder. Avabahuka affects the day-to-day activities of people, which finally affects the quality of life [16]. The Ayurvedic treatment modality Agnikarma is basically a heat therapy and is able to pacify Vata and Kapha [17].Dosha by virtue of its ushna-guna. Through Agnikarma, the heat transfer directly to the muscular region which helps in joint movement. According to the verse of Vagbhatta (Ashtanga Hridaya chikitsa 21/44) [18]. the Nasya karma indicated in Avabahuka disease. The Nasya vatashamaka and cures the diseases of the upper part of the body (urdhwanga). The Tridoshara merit of the Dashmool kwath relieves pain and swelling of the shoulder region [19]. The Simhanad Guggulu have Ushna Virya, Katu Vipaka, Vedanasthapana,

Deepana-Pachana, and Rasayana property hence, it has VataKaphashamaka, Amapachaka, Srotoshodhaka properties. Guggulu also has anti-inflammatory action [20].

Strength: The Agnikarma therapy in this case shows better to reduce pain and stiffness and increase the range of motion of the shoulder joints in Avabahuka.

Limitation: Although this is a single case report and much more work is going on by scholars still more studies are expected to prove it scientifically.

CONCLUSION:

Avabahuka, a Vatavyadhi mentioned in Ayurveda is nearer to the frozen shoulder of modern medical science. Avabahuka is a disease of *Ansha sandhi* (shoulder joint) and a common musculoskeletal disorder seen in practice. Although many remedies are available for their treatment still the result is not satisfactory. In patient, the Agnikarma (a

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heat therapy) for Avabahuka subsides the pain and increases the range of motion of the shoulder joint. *Agnikarma* by cuppor-made shalaka, along with some adjuvant Ayurvedic drugs, brought out significant results by reducing pain, tenderness & stiffness. Nasya karma helps by its Vatashamak merits. This is a single case report, therefore the therapy can be tried in a large sample properly to reach a conclusion and to observe its proper efficacy.

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REFERENCES:

- Mukherjee PK, Harwansh RK, Bahadur S, Banerjee S, Kar A, Chanda J, Biswas S, Ahmmed SM, Katiyar CK. Development of Ayurveda - Tradition to trend. J Ethnopharmacol. 2017; Feb2 197:10-24.
- 2. Jeuti Rani Das et al. Etiopathological study of *Avabahuka* with special reference to frozen shoulder: A review. Int. J. Res. Ayurveda Pharm. 2018;9(4):140-143.
- 3. Joydip Tripathi et al: a clinical study on the role of nasya karma in the management of *Avabahuka* (frozen shoulder) with *Vata*da taila. International Ayurvedic Medical Journal 2018; 6(4): 803-809.
- Sandu Pillai et al. Concept of Apabahuka in the lights of modern science: A review. Int. J. Res. Ayurveda Pharm. 2017;8(Suppl 3):39-42
- 5. Das B, Ganesh RM, Mishra PK, Bhuyan G. A study on Apabahuka (frozen shoulder) and its management by Laghumasha taila nasya. Ayu. 2010;31(4):488-94.

- 6. Kumar, M., Shinde, R. K. and Jaiswal, R. "A Protocol for Treatment of Avabahuk (Frozen Shoulder) with *Agnikarma* and Topical Diclofenac Sodium Gel", *Journal of Pharmaceutical Research International*, 2021;33(32B): 45-52.
- 7. Brun SP. Idiopathic frozen shoulder. Aust J Gen Pract. 2019;48(11):757-761.
- 8. Mezian K, Coffey R, Chang KV. Frozen Shoulder. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan. https://www.ncbi.nlm.nih.gov/books/NBK482162/assess on 23-11-2022 10:28AM.
- 9. Cho CH, Bae KC, Kim DH. Treatment Strategy for Frozen Shoulder. Clin Orthop Surg. 2019 Sep;11(3):249-257.
- Acharya YT, Sushruta Samhita, Sutra Sthana chapter 12 Agnikarma-vidhiadhyaya 12/3 Reprint Edition. Chaukhamba Surbharati Prakashan Varanasi. 2012. P- 51–824.
- 11. Kumar M, Singh L, Application of *Agnikarma* in surgical practices, first edition Chaukhambha Orientalia Varanasi, 2017;p.18-19.
- 12. Bakhashi B, Gupta SK, Rajagopala M, Bhuyan C. A comparative study of Agni karma with Lauha, Tamra and PanchadhatuShalakas in Gridhrasi (Sciatica). Ayu. 2010;31(2):240-4.
- 13. Tambekar DH, Dahikar SB. Antibacterial activity of some Indian Ayurvedic preparations against enteric bacterial pathogens. J Adv Pharm Technol Res. 2011 Jan;2(1):24-9.
- 14. Shailajan S, Menon SN, Tiwari BR, Singh AS. Standardization of Shadbindu Taila: An Ayurvedic oil based medicine. Ayu. 2013;34(1):103-7.
- 15. Shri Govindadas Sen. *Bhaishajyaratnavali*, Ama*Vata*rogadhikara 29-/191-194. 15th edition. Chaukhamba Sanskrit Sansthan Varanasi; 2002. p. 1286





- 16. Das B, Ganesh RM, Mishra PK, Bhuyan G. A study on Apabahuka (frozen shoulder) and its management by Laghumasha taila nasya. Ayu. 2010;31(4):488-94.
- 17. Jethava NG, Dudhamal TS, Gupta SK. Role of *Agnikarma* in Sandhigata *Vata* (osteoarthritis of knee joint). Ayu. 2015;36(1):23-8.
- 18. Yogitha Bali MR, Ebnezar J. Role of Nasya Karma (Nasal Instillation Therapy) in Apabahuka (Frozen Shoulder) A qualitative systematic review. J Ayu Herb Med 2021; 7 (4):281-288.
- 19. Jabbar S, Khan MT, Choudhuri MS, Sil BK. Bioactivity studies of the individual ingredients of the Dashamularishta. Pak J Pharm Sci. 2004 Jan;17(1):9-17.

20. Pandey SA, Joshi NP, Pandya DM. Clinical efficacy of Shiva Guggulu and Simhanada Guggulu in Ama*Vata* (Rheumatoid Arthritis). Ayu. 2012;33(2):247-54.

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