



Agnikarma in the Management of frozen shoulder – A Case Study

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ABSTRACT

Mostly due to bad lifestyle (asamyaka aahar – Vihar), sedentary way of living, lack of exercise etc occurs frozen shoulder.

Inflammation is the most common cause of frozen shoulder, which is characterized by swelling, pain, and irritation of the tissues surrounding the joint.¹

Pathologically, there is fibroelastic proliferation in the capsule that leads to formation of adhesions and consequent stiffness and pain on attempted movements.

Clinically, the patient (usually 40-60 years of age) complains of progressively increasing pain in the shoulder, stiffness in the joint, and restriction of all movements, particularly external rotation, abduction, and medial rotation.

Even Though the disease is not fatal, its symptoms make the patient uncomfortable and it affects quality of life.

It mostly associated with DM.

This process leads to significant disability of the shoulder joint (Amsa Sandhi) and arm (Bahu), resulting in Avabahuka (Frozen Shoulder).

The resultant movement restriction severely obstructs the patient's capacity to perform routine daily activities.

Keywords: frozen shoulder, Avabahuka, Parasurgical measures, Agnikarma, therapeutic cauterization.

INTRODUCTION

Sushrutacharya is known as father of surgery has described various surgical procedures along with some para surgical measures like agnikarma , Rakta mokshan etc.

In this procedure heat introduces in the affected area using special tool called as shalakas Agnikarma (therapeutic thermal cauterization) is indicated for Vata–Kapha mediated, chronic painful musculoskeletal conditions. Acharya Sushruta indicated Agnikarma in various disorder of skin , muscles, vessels, ligament, joints and bones.²

Avabahuka can be called as Frozen shoulder with modern context.³

Frozen shoulder also known as adhesive capsulitis is a condition that causes pain and stiffness in the shoulder joint and limiting it's range of motion .

Avabahuka symptoms typically exacerbate during the Rainy Season (Varsha Ritu) and the approach of Late Winter (Shishira Ritu). This is because these Rutukal (time factors) naturally amplify the Vata Dosha, the elemental force considered the main causative factor for this joint stiffness in the body.

Agnikarma, as described by Acharya Sushruta (Sushruta Samhita, Sutra Sthana 12/10), involves therapeutic heat application using Panchadhatu Shalaka (metallic rod). It helps in instant pain relief and reducing stiffness by improving local circulation and Vāta pacification.⁴

OBJECTIVE

- To study the effect of Agnikarma in the management of Avabahuka Roga (frozen Shoulder).

MATERIALS AND METHOD

A 48 year male patient having complaint of restricted movement of the left shoulder joint with unbearable pain for 4-5 months. Patient having difficulty in daily routine due to stiffness, numbness and weakness in the left limb.

History :

No k/c/o – Dm / HTN

General Examination

G.C. – Good

Pulse -80/min

BP-130/80 mmhg

RR-20/min

Systemic examination:

RS- AEBE CLEAR

CVS- S1S2 Normal

CNS – Conscious and Oriented

P/A – Soft and No tenderness

Local Examination:

No swelling

Tenderness presents

Local temperature – Normal

Restriction of movement with severe pain

Diagnosis:

Dakshin Avabahuka (Left Frozen Shoulder).

Treatment Plan:

- Agnikarma Therapy: Performed on Amsa marma points once a week for 3 sessions.

Purva karma –

First of all, all the materials required for the procedure like Agnikarma shalaka , Aloe vera leaf pulp, gas stove , sterile gauze piece, sponge holder were collected

Agnikarma was carried out following the Receipt of written informed consent.

Pradhan karma-

1. The patient was allowed to adopt a comfortable position.
2. Tender spots were marked and the affected region was cleaned with a piece of sterile gauze and betadine.
3. Samyak twak dagdha, a therapeutic superficial skin burn, was performed by applying spots (Bindu Agnikarma)Made of red hot Pancha dhatu shalaka to areas that Were tender.⁵
4. Proper Precautions were taken to prevent Asamyak dagdha Vrana, or burns that are in between too deep and too Superficial.

Paschat karma :

After the procedure, Madhu and Ghrita were applied to the Samyak Dagdha wound and a proper diet was maintained.⁶

- Adjuvant Therapy: Local Abhyanga with Mahamasha tail daily for 07 days.

- Oral Medicines:

Tab .Vatvindhvasak ras 250 mg

Bd After meal for 7 days

DISCUSSION

The Avabahuka disease of Ayurveda is nearer to frozen shoulder of musculoskeletal disorders.

The diseases in which Agnikarma is indicated are due to Vitiating of Vata and Kapha Agnikarma is only procedure which has a property to destroy the pathology in the deeper structure.⁷

Agni has the qualities of Usnaguna, Thikhsna, Laghu, and Sukhsma.

The Kaphadosha and Vatadosha shaman effect of Agnikarma is the key indication in Avabahuka treatment

Application of Agni or local heat increases the local temperature which enhances the perfusion and does efficient delivery of oxygen to the tissues.

Sr. no	Signs/ Symptoms/ROM	Before Treatment	After Treatment
1	Tenderness	Present	Absent
2	Stiffness	Present	Absent
3	Abduction	30°	90°
4	Adduction	30°	90°
5	Flexion	70°	90°
6	Extension	70°	90°
7	Medial rotation	Painful	Painless
8	Lateral rotation	Painful	Painless
9	Circumduction	Impossible	Possible

CONCLUSION

A single case study shows the effectiveness of Agnikarma in the management of a Frozen shoulder without any major surgical procedure. It is a simple and safe OPD-level procedure with cost effectiveness. Especially it is instant pain relief.

Avabahuka (Frozen Shoulder) is effectively managed using Agnikarma, along with internal Ayurvedic treatments. The combination therapy significantly reduces pain, improves range of motion, and provides long-lasting results without side effects.

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