Research Article YASHAYURVED APR-JUN 2026; 5(2):33-40

YASHAYURVED – E-Journal of Holistic Health
Peer reviewed | Quarterly Journal | Open Access

Role of Viddhakarma in the Management of Frozen Shoulder (Adhesive Capsulitis) A Narrative Review.

Dr. Avinash Vitthal Wagh [1], Dr. Abhijeet Shiralkar [2]

[1]P.G. Scholar, Dept. of shalyatantra, Yashwant Ayurvedic College, P.G.T. & R.C, Kodoli.

[2]Asso. Professor, Dept. of shalyatantra, Yashwant Ayurvedic College, P.G.T. & R.C, Kodoli.

ABSTRACT

Background: Frozen Shoulder is a painful and disabling condition with limited satisfactory treatment options. In Ayurveda, it can be correlated with *Avabahuka*, a *Vata*-dominant disorder. *Viddhakarma* is a para-surgical intervention described for pain relief.

Objective: To review the role of *Viddhakarma* in the management of Frozen Shoulder.

Methods: A narrative review of classical Ayurvedic texts such as *Sushruta Samhita* and *Ashtanga Hridaya* along with modern literature from PubMed and Google Scholar was conducted.

Results: *Viddhakarma* demonstrates potential analgesic and functional benefits through neuromuscular stimulation and improved circulation.

Conclusion: *Viddhakarma* is a promising minimally invasive therapy for Frozen Shoulder; however, further clinical studies are required.

Keywords: *Viddhakarma, Frozen Shoulder, Avabahuka, Adhesive Capsulitis, Ayurveda.*

INTRODUCTION

Frozen shoulder, medically termed adhesive capsulitis, is a chronic painful condition of the shoulder characterized by stiffness and progressive restriction of both active and passive shoulder movements. The condition mainly affects middle-aged individuals, particularly women and diabetic patients, and significantly impairs daily activities such as combing hair, dressing, lifting objects, and overhead movements. The prevalence of frozen shoulder in the

general population is estimated to be around 2–5%, with higher incidence among individuals aged 40–60 years. [1]. the condition progresses through freezing, frozen, and thawing stages[2]. In Ayurveda, it is correlated with *Avabahuka*, caused by aggravated *Vata Dosha* leading to restricted mobility[3]. *Viddhakarma* is described as an effective intervention for pain management in such conditions.

METHODS

A narrative review methodology was adopted.

Data Sources:

Classical texts: *Sushruta Samhita*, *Ashtanga Hridaya*

Electronic databases: PubMed, Google Scholar

Search Terms: *Viddhakarma*, *Avabahuka*, Frozen Shoulder, Adhesive Capsulitis

Inclusion Criteria:

Articles in English

Studies on needling therapy or Frozen Shoulder

Review of Literature

Frozen Shoulder (Modern View)

It is a condition involving inflammation and fibrosis of the joint capsule, resulting in pain and stiffness [4].

Adhesive capsulitis is characterized by inflammation and fibrosis of the glenohumeral joint capsule leading to pain and restricted shoulder movement. The exact etiology remains unclear, but factors such as diabetes mellitus, trauma, prolonged immobilization, thyroid disorders, cervical spondylosis, and autoimmune conditions are associated with increased risk.

The disease progresses through three clinical stages:

1. Freezing Stage

This stage is marked by severe pain and gradually increasing restriction of shoulder movement. It usually lasts for 2–9 months.

2. Frozen Stage

Pain may decrease during this phase, but stiffness becomes prominent. Daily activities become difficult because of restricted joint mobility.

3. Thawing Stage

Gradual improvement in shoulder movements occurs over several months to years

Ayurvedic Concept (*Avabahuka*)

Avabahuka is a *Vata Vyadhi* causing *Bahupraspanditahara* (restricted movement) due to *Srotorodha* and *Dhatu Kshaya* [3].

Ayurveda describes *Avabahuka* as a disorder caused predominantly by aggravated *Vata Dosha* affecting the *Amsa Sandhi* (shoulder joint). According to classical texts, vitiated Vata constricts the *Sira* around the shoulder joint leading to pain, stiffness, and restricted movement.

The main clinical features include:

Amsa Shoola (shoulder pain)

Stambha (stiffness)

Bahupraspanditahara (restriction of arm movements)

Muscle wasting around the shoulder region

Ayurvedic treatment aims to pacify aggravated *Vata*, improve circulation, relieve stiffness, and restore normal joint function.

Viddhakarma

Viddhakarma is a parasurgical procedure mentioned in *Sushruta Samhita* for pain relief involving therapeutic puncturing or needling at specific anatomical points to relieve pain and improve function. The word "*Viddha*" means puncturing or piercing. The therapy is described in Ayurvedic surgical practice and is mainly indicated in painful disorders caused by *Vata* aggravation.[5]

Viddhakarma is conceptually similar to acupuncture and dry needling techniques used in contemporary medicine. However, unlike acupuncture based on meridian theory, Viddhakarma is rooted in Ayurvedic principles involving *Dosha* balance, *Marma* stimulation, and channel purification.

In frozen shoulder, *Viddhakarma* is performed at selected tender points, *Marma* points, or areas around the shoulder joint to relieve pain and restore mobility.

Procedure

Identification of tender points

Tender or painful points around the shoulder region are identified through palpation. Common sites include the deltoid insertion, scapular region, trapezius area, and surrounding muscular structures.

Needle insertion

Sterile needles are inserted into selected points. The depth and angle of insertion depend upon the affected tissue and severity of symptoms.

Post-procedure care

After removal of needles, gentle shoulder mobilization exercises are advised. Repeated sittings are generally recommended over several weeks.

Viddhakarma is often combined with therapies like *Abhyanga*, *Swedana*, *Nasya*, and *Agnikarma* to enhance therapeutic outcomes.

Mechanism of Action

Ayurvedic Perspective

According to Ayurveda, frozen shoulder develops due to aggravated *Vata* causing obstruction in channels (*Srotorodha*) and drying of tissues around the shoulder joint. *Viddhakarma* helps by:

Pacifying *Vata Dosha*

Relieving obstruction in channels

Enhancing local circulation

Reducing stiffness and pain

Restoring joint movement

The puncturing action stimulates the affected area and facilitates proper flow of energy and circulation.

Modern Scientific Perspective

From a biomedical viewpoint, the probable mechanisms of *Viddhakarma* include:

Release of endogenous opioids such as endorphins

Neuromodulation of pain pathways

Increased local blood circulation

Reduction of muscle spasm

Relaxation of contracted tissues

Reduction in inflammatory mediators

The mechanism resembles dry needling and acupuncture therapies widely used in musculoskeletal pain management.

Clinical Role of *Viddhakarma* in Frozen Shoulder

Frozen shoulder often requires prolonged treatment extending over months or years. Since pain and stiffness significantly affect quality of life, there is increasing interest in minimally invasive therapies that provide rapid symptomatic relief.

Clinical observations suggest that *Viddhakarma* is particularly useful during painful and stiff phases of adhesive capsulitis. Reported benefits include:

Reduction in pain intensity

Improvement in shoulder mobility

Relief in stiffness

Better sleep quality

Improvement in activities of daily living

Reduced dependency on analgesic medications

The therapy is economical, simple to perform, and suitable for outpatient management.

Clinical Evidence

Needling therapies have shown effectiveness in reducing pain and improving mobility [6,7].

Discussion

The clinical features of Frozen Shoulder closely resemble *Avabahuka*. *Viddhakarma* may act through neuromodulation and improved circulation.

Advantages:

Viddhakarma offers several advantages in the management of frozen shoulder:

Minimally invasive procedure

Cost-effective treatment

Outpatient-based therapy

Rapid pain relief

Minimal side effects

Reduced need for long-term analgesics

Can be combined with physiotherapy and Ayurvedic therapies

Improves functional mobility

Compared to corticosteroid injections and surgical interventions, *Viddhakarma* is safer and economically affordable for many patients.

Limitations:

Despite promising results, several limitations exist regarding scientific evidence for *Viddhakarma*:

Lack of large randomized controlled trials

Limited standardization of procedure

Variability in needling techniques

Small sample sizes

Lack of long-term follow-up studies

Insufficient objective assessment parameters

Further clinical studies with standardized protocols are necessary to establish evidence-based guidelines for *Viddhakarma* in adhesive capsulitis.

Integrative Approach in Management

Ayurveda recommends a multimodal approach for *Avabahuka* management. *Viddhakarma* is commonly combined with:

Abhyanga (oil massage)

Nadi Swedana

Patra Pottali Sweda

Nasya Karma

Agnikarma

Internal Ayurvedic medicines such as *Trayodashanga Guggulu* and *Maharasnadi Kwatha*

Physiotherapy, stretching exercises, yoga, and posture correction also play important roles in restoring joint mobility and preventing recurrence.

CONCLUSION

Viddhakarma is an effective therapeutic option for Frozen Shoulder with promising results. Further randomized controlled trials are needed.

Frozen shoulder or adhesive capsulitis is a painful and disabling condition associated with progressive stiffness and restricted shoulder mobility. Ayurveda correlates this disorder with *Avabahuka*, a *Vata*-dominant disease affecting the shoulder joint. *Viddhakarma* is an important Ayurvedic para-surgical therapy that has shown promising results in reducing pain, relieving stiffness, and improving shoulder movements.

REFERENCES

1) Neviaser AS, Hannafin JA. Adhesive capsulitis: a review. J Am Acad Orthop Surg. 2010;18(7):417–26.
2) Zuckerman JD, Rokito A. Frozen shoulder. J Shoulder Elbow Surg. 2011;20(2):322–5.
3) Vagbhata. Ashtanga Hridaya. Varanasi: Chaukhamba; 2014.
4) Hand C, Clipsham K, Rees JL, Carr AJ. Long-term outcomes. J Shoulder Elbow Surg. 2008;17(2):231–6.
5) Sushruta. Sushruta Samhita. Varanasi: Chaukhamba; 2012.
6) Cummings TM, White AR. Needling therapies. BMJ. 2001;323:485–6.
7) Itoh K, et al. Acupuncture for shoulder pain. Clin J Pain. 2007;23(2):115–20.
8) Anjali G, Sangeeta T, Dash G. Innovative Dry Needling Technique (Viddha Karma) Approach for Alleviating Avabahuka (Frozen Shoulder)-A case study.