



(A Case Study)

Suvarna Shalaka Agnikarma in the Management of Avabahuka (Frozen Shoulder): A Case Report

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ABSTRACT

Agnikarma (thermal cautery), a traditional Ayurvedic parasurgical technique, is a successful treatment for conditions caused by aggravated Vata and Kapha doshas. Avabahuka, a Vata-vikara, is clinically associated with adhesive capsulitis, which is referred to as "frozen shoulder" in contemporary medicine. Shoola (pain), Stambha (stiffness), and Bahupraspanditahara (limited range of motion) at the Amsa Sandhi (shoulder joint) are its main clinical characteristics. Despite the existence of various conventional treatments, Agnikarma offers a unique and targeted therapeutic approach. A 48-year-old male presented with a 5-month history of severe pain, stiffness, and restricted movement in his right shoulder, clinically diagnosed as Avabahuka (adhesive capsulitis). A five-session Agnikarma therapy was administered to the right shoulder to manage Avabahuka via Vata-Kapha pacification. Post-treatment evaluation demonstrated marked reductions in localized pain and stiffness with a significant increase in Range of Motion (ROM). Agnikarma exhibits promising clinical efficacy in the management of Avabahuka.

Keywords: Agnikarma; Frozen shoulder; Adhesive capsulitis; Avabahuka; Suvarna Shalaka

I. INTRODUCTION

Ayurveda offers a comprehensive spectrum of therapeutic modalities encompassing palliative care (*Shamana*), systemic purification (*Panchakarma*), surgical (*Shashtra Karma*), and parasurgical (*Anushastra Karma*) procedures for the management of diverse clinical conditions [1–3]. According to Ayurveda, each and every disease is caused by dysfunction of doshas, and the procedures aimed at reestablishing their functions constitute the basis of treatment [3, 4]. One common condition affecting *Amsa Sandhi* (shoulder joint), manifested by dysfunction of *Vata* and *Kapha dosha*, is called *Avabahuka* [5]. The term literally means malfunction of the arm. The primary clinical features include *Shoola* (pain), *Stambha* (stiffness), *Sira-akunchana* (vascular constriction), and *Bahupraspanditahara* (limited range of motion) [6, 7]. These features closely correlate with the modern diagnosis of frozen shoulder (FS) or adhesive capsulitis. Frozen shoulder typically progresses through three phases: the painful "freezing" stage (2–9 months), the stiff "frozen" stage (4–12 months), and the resolving "thawing" stage (12–42 months) [8]. While conventional treatments such as NSAIDs, corticosteroids, physiotherapy, and surgery are widely used, their often variable and unsatisfactory outcomes highlight a continuous need for effective alternative therapies [9]. To address this therapeutic gap, *Agnikarma* (thermal cautery)—a traditional Ayurvedic parasurgical technique—serves as a highly successful intervention for conditions driven by aggravated *Vata* and *Kapha doshas*. By providing a localized and targeted therapeutic approach, *Agnikarma* offers a promising alternative to conventional methods for the management of *Avabahuka* [10, 11].

II. CASE REPORT

A 48-year-old male patient presented to the outpatient department with chief complaints of severe pain, stiffness, and noticeably restricted movement in his right shoulder joint persisting for the past five months. Following a thorough clinical evaluation of his medical history and physical symptoms, the condition was definitively diagnosed as *Avabahuka* (adhesive capsulitis) of the right shoulder joint, and the patient was subsequently selected for this study. The patient was apparently asymptomatic five months prior to consultation. He reported an insidious

onset of pain in the right shoulder, which progressively worsened and was subsequently followed by marked joint stiffness and a restricted range of motion. The pain was notably exacerbated during nighttime hours and upon the performance of routine daily activities. There was no reported history of recent trauma, sudden jerks, or heavy weight lifting involving the affected joint.

Initially, the patient resorted to undocumented alternative remedies for the first eight to ten days, which resulted in a further deterioration of his symptoms. Subsequently, he sought conventional allopathic medical care and underwent pharmacological treatment for two months without experiencing any significant relief. Seeking further opinions, he consulted two additional hospitals and received continuous allopathic treatment for another two months. Despite these multiple interventions over a four-month period, his condition remained refractory. Consequently, he presented to our outpatient department seeking Ayurvedic management.

A review of the patient's past medical and surgical history revealed no underlying chronic metabolic conditions such as diabetes, hypertension, or cardiovascular disease, nor any history of infectious diseases like tuberculosis or typhoid. He also denied any prior major physical injuries or surgical procedures.

A. General Physical Examination

On general physical examination, the patient's overall condition was stable. There was no clinical evidence of pallor, icterus, cyanosis, clubbing, edema, or lymphadenopathy. Vital signs were recorded as follows: Blood Pressure 130/86 mmHg; Pulse Rate 70 beats/min; Respiratory Rate 18 breaths/min; and Temperature 98°F. His weight was 88 kg with a height of 5 feet 5 inches. A detailed clinical summary is presented in Table 1.

Table 1. Clinical Summary and Baseline Examination of the Right Shoulder.

Clinical Parameter	Description / Findings
Duration of Illness	5 months
Onset	Gradual (insidious onset)
Site of Affliction	Right shoulder joint (Amsa Sandhi)
Clinical Stage / Type	Freezing & Frozen stage (Primary Frozen Shoulder)
Aggravating Factors	Physical work, exertion, nighttime hours
Relieving Factors	Rest
Past Medical History	Unremarkable. Negative for Hypertension, Diabetes Mellitus, major trauma, depression, or other chronic illnesses.
Range of Motion (ROM) – Baseline	
Flexion	45°
Extension	38°
Abduction	76°
Internal Rotation	55°
External Rotation	40°
Circumduction	Incomplete and painful

III. THERAPEUTIC INTERVENTION

The patient was treated with localized *Agnikarma* therapy over the right *Amsa Sandhi* (shoulder joint). The procedure was carried out systematically in three classical phases.

A. Materials Required

Suvarna Shalaka (gold cautery instrument); wax candle (heating source); marker pen (for identifying tender points); fresh *Kumari Swarasa* (aloe vera pulp/juice); sterile gauze pieces, cotton swabs, and antiseptic solution (*Triphala Kashaya*).

B. Purva Karma (Pre-operative Procedure)

Written informed consent was obtained from the patient prior to the procedure. The patient's vital signs were checked to ensure hemodynamic stability. The patient was advised to consume a light meal before the therapy to prevent any potential syncope. The patient was made to sit in a comfortable position exposing the right shoulder. The most tender points (trigger points) over the anterior, lateral, and posterior aspects of the shoulder joint were identified through palpation and marked with a pen. The local area was thoroughly cleaned with *Triphala Kashaya* and wiped dry with sterile gauze.

C. Pradhana Karma (Main Procedure)

The procedure employed a specialized indirect conduction method of *Agnikarma*. The *Suvarna Shalaka* was securely grasped using artery forceps, and its *Bindu* (working tip) was placed directly onto the pre-marked treatment site. The opposite end of the *Shalaka* was then continuously subjected to the flame of a wax candle, generating a steady, controlled transfer of conductive heat through the gold probe to the patient's skin. The probe was maintained in position until the heat reached the patient's maximum tolerable threshold, after which it was immediately removed and relocated to the subsequent marked site. This technique ensures a highly controlled thermal application.

D. Pashchat Karma (Post-operative Procedure)

Immediately post-procedure, fresh *Kumari Swarasa* (aloe vera pulp) was applied directly to the treated areas to pacify the local burning sensation (*Daha*) and prevent blister formation. To promote optimal wound healing, the patient was prescribed a topical application of coconut oil mixed with *Haridra* (turmeric) powder, to be applied twice daily starting the day after the procedure. The patient was strictly advised not to expose the treated sites to water for 24 hours. The *Agnikarma* procedure was repeated for a total of five sittings with a clinical interval of 3–4 days between each session.

E. Adjunct Therapy

To supplement the local *Agnikarma* therapy and manage the systemic *Vata-Kapha* imbalance, the patient was instructed to administer *Bala Taila Nasya* (2 drops in each nostril) twice daily on an empty stomach [14]. *Rasnasaptak Kashaya* was prescribed at a dosage of 40 ml twice daily, taken with lukewarm water after meals [15, 16]. Dietary modifications included avoidance of excessive oily, spicy, and sour foods, and a light, easily digestible (*Laghu*) diet was recommended. Lifestyle modifications included avoidance of local trauma, excessive physical exertion, strenuous exercise, and excessive walking.

F. Clinical Advantage of the Technique

The application of this indirect conduction *Agnikarma* technique using a *Suvarna Shalaka* proved highly advantageous over traditional direct *Agnikarma*. It yielded exceptionally favorable clinical outcomes, most notably resulting in minimal to no localized scarring at the treatment sites [13]. This suggests that the conductive method is a safer and more patient-compliant alternative.

IV. RESULTS AND OBSERVATIONS

Using the symptom grading criteria described in Table 2, the following improvements were noted over the course of the five *Agnikarma* sittings.

Table 2. Grades for assessing the symptoms.

Symptom	Grade	Clinical Description	Score
Pain	0	No pain	0
	1	Mild pain: Score of 1–3 on VAS	1
	2	Moderate pain: Score of 4–6 on VAS	2
	3	Severe pain: Score of 7–10 on VAS	3
Stiffness	0	No stiffness	0
	1	Mild stiffness: Particularly during movement; able to continue routine work (1–10 min)	1
	2	Moderate stiffness: Able to continue work with difficulty (20–30 min)	2
	3	Severe stiffness: Felt at rest and during movement; interferes with routine work (>30 min)	3

Table 3. Timeline of events.

Day	Event	Clinical Improvement
Day 0	Initial consultation and 1st <i>Agnikarma</i> sitting completed.	Baseline: Severe pain, stiffness, and restricted ROM.
Day 3	2nd sitting of <i>Agnikarma</i> completed.	Pain and stiffness slightly reduced; ROM slightly improved.
Day 7	3rd sitting of <i>Agnikarma</i> completed.	Pain and stiffness moderately reduced; ROM moderately improved.
Day 10	4th sitting of <i>Agnikarma</i> completed.	Progressive moderate reduction in symptoms; continued improvement in ROM.

Day	Event	Clinical Improvement
Day 14	5th sitting of Agnikarma completed.	Minimal pain and stiffness; functional range of motion achieved.
Day 30	Final Follow-up (15 days post-treatment).	Complete resolution of pain and stiffness; full range of motion restored.

Table 4. Outcome measures and follow-up.

Sign/Symptoms	1st Sitting	Before 2nd Sitting	Before 3rd Sitting	Before 4th Sitting	Before 5th Sitting	Follow-up (10 days after last Agnikarma)
Pain	3	3	2	1	0	No pain
Stiffness	3	2	2	1	0	No stiffness
Range of Motion	Severely reduced	25% improved	40% improved	70% improved	Completely restored	Full range of motion

V. DISCUSSION

Avabahuka is classically categorized as a *Vatavyadhi* (disorder of *Vata*) in Ayurvedic literature, specifically localizing in the *Amsa Sandhi* (shoulder joint). It is clinically characterized by a triad of symptoms: *Amsa Shoola* (pain), *Stambha* (stiffness), and *Bahu-praspaniditaharam* (restricted range of motion). These clinical manifestations align closely with the modern musculoskeletal diagnosis of Adhesive Capsulitis, commonly known as Frozen Shoulder. It significantly impairs the patient's ability to perform routine day-to-day activities, such as dressing, reaching, and lifting, thereby leading to a marked deterioration in the patient's overall quality of life. To manage such conditions, Ayurvedic literature advises specialized treatment procedures such as *Snehana* (oleation), *Agnikarma* (thermal cauterization), *Upanaha* (poultice), *Bandhana* (bandaging), *Raktamokshana* (bloodletting), *Nasya* (nasal medication), and the administration of *Vataghna Aushadhi* [12].

In this clinical study, the decision to prioritize *Agnikarma* was based on the classical dictum that thermal cauterization is the most effective tool to penetrate deep-seated *Vata* and *Kapha* obstructions in the *Snayu* (ligaments) and *Kandara* (tendons) [1]. The localized application of heat via the indirect conduction method using a *Suvarna Shalaka* provided a steady, controlled thermal energy that directly antagonized the *Sheeta* (cold), *Gaurava* (heaviness), and pain-stiffness qualities of the morbid *Doshas*, effectively liquefying the adhesions within the joint capsule [13]. This conductive method is a safer and more patient-compliant alternative to traditional direct cauterization. This local intervention was synergized with *Bala Taila Nasya* to provide essential *Brimhana* (nourishment) to the supraclavicular region [14], while oral administration of *Rasnasaptak Kashaya* ensured systemic *Vata-Kapha shamana* and potent anti-inflammatory action [15, 16].

VI. CONCLUSION

The clinical outcomes observed in this case study demonstrate that localized *Agnikarma* therapy is highly effective in the management of *Avabahuka* (Adhesive Capsulitis). The treatment protocol successfully achieved a significant reduction in pain and stiffness while facilitating a comprehensive restoration of the shoulder joint's range of motion. The application of the indirect conduction method using a *Suvarna Shalaka* proved to be clinically superior to traditional direct cauterization. This specialized technique provided a controlled thermal transfer that addressed the deep-seated *Vata-Kapha* pathology while maintaining tissue integrity, most notably resulting in minimal to no localized scarring at the treatment sites. Furthermore, the synergistic use of *Bala Taila Nasya* for its *Brimhana* effects and *Rasnasaptak Kashaya* for systemic anti-inflammatory action provided a holistic recovery, restoring the patient's functional capacity and overall quality of life. While the therapeutic intervention yielded excellent results, it is imperative to acknowledge the inherent limitations of a single case report. Further large-scale, randomized controlled clinical trials are required to provide robust scientific validation and to establish this indirect conduction *Agnikarma* technique as a standardized, evidence-based clinical protocol for chronic musculoskeletal disorders.

REFERENCES

- Kahi, A. (2024, June 16). Role of Agnikarma in pain management. *Journal of Ayurveda and Integrated Medical Sciences*, 9(4), 231–235. <https://doi.org/10.21760/jaims.9.4.37>
- CCRAS, NIIMH. (2010). e-Samhita-Sushruta. National Institute of Indian Medical Heritage. <https://niimh.nic.in/ebooks/esushruta/?mod=read>

- Acharya, Y. T. (Ed.). (1941). *The Charakasamhita by Agnivesha with Ayurveda Dipika commentary by Chakrapanidatta* (3rd ed., pp. 31–35). Nirnaya Sagar Press.
- Vagbhata. (2015). *Ashtang Hridaya* (Pt. Hari Sadashiva Shastri Paradkar, Ed., p. 235). Chaukhamba Sanskrit Sansthan.
- Arakeri, S. J., Vismaya, M., Kadegaon, M., & Hallad, A. (2023). Pain management in Avabahuka with Viddhagnikarma – A single case study. *IJNRD*. www.ijnrd.org
- Das, B., Ganesh, R., Mishra, P., & Bhuyan, G. C. (2010). A study on Apabahuka (frozen shoulder) and its management by Laghumasha Taila Nasya. *Ayu*, 31, 488–494. <https://doi.org/10.4103/0974-8520.82048>
- Agnikarma in the management of Avabahuka (frozen shoulder) – A case report. (2025, July 1). *International Journal of Biological & Pharmaceutical Allied Sciences*, 14(7). <https://doi.org/10.31032/ijbpas/2025/14.7.9170>
- Zuckerman, J., & Rokito, A. (2010). Frozen shoulder: A consensus definition. *Journal of Shoulder and Elbow Surgery*, 20, 322–325. <https://doi.org/10.1016/j.jse.2010.07.008>
- Cho, C. H., Bae, K. C., & Kim, D. H. (2019). Treatment strategy for frozen shoulder. *Clinics in Orthopaedic Surgery*, 11, 249. <https://doi.org/10.4055/cios.2019.11.3.249>
- Kumar, M., Jaiswal, R., & Panigrahi, H. (n.d.). Role of Agnikarma in management of Avabahuka: A case report. *International Journal of AYUSH Case Reports*, 6(4), 364. www.ijacare.in
- Kumar, M., Singh, R. K., & Jaiswal, R. (2022, July 9). Agnikarma intervention for Avabahuka (frozen shoulder): A systematic review. *International Journal of Life Sciences & Pharma Research*. <https://doi.org/10.22376/ijpbr/lpr.2022.12.6.11-8>
- Bhalara, B., & Dudhamal, T. (2025). Ayurvedic management of Avabahuka (frozen shoulder) – A systemic review. *Asian Pacific Journal of Health Sciences*. <https://doi.org/10.21276/apjhs.2025.12.4.05>
- Vasava, D. B., & Raushan, R. (2025, August 10). Case study of conductive Agnikarma with Suvarna Shalaka in management of tennis elbow. *Journal of Ayurveda and Integrated Medical Sciences*, 10(7), 371–375. <https://doi.org/10.21760/jaims.10.7.58>
- Yogiraj, M. R., & Ebnezar, J. (2021, December 30). Role of Nasya Karma (nasal instillation therapy) in Apabahuka (frozen shoulder) – A qualitative systematic review. *Journal of Ayurvedic and Herbal Medicine*, 7(4), 281–288. <https://doi.org/10.31254/jahm.2021.7412>
- Sheth, V. (2025, January 20). Management of Apabahuka (frozen shoulder) by Ayurvedic treatment: A single case study. *African Journal of Biomedical Research*, 971–976. <https://doi.org/10.53555/ajbr.v28i1s.6298>
- Swami, K., Sharma, K., Kumar, S., & Suresh, P. (2026, January 9). Rasnasaptaka Kwatha: An overview. *International Ayurvedic Medical Journal*. <https://doi.org/10.46607/iamj.4409012021>