



Role of Viddhakarma in the Management of Avabahuka (Frozen Shoulder): An Ayurvedic Case Report

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ABSTRACT: Avabahuka is a classical Vatavyadhi described in Ayurvedic literature, characterized by Shoola (pain), Stambha (stiffness), and Bahu-prasandita hara (restriction of shoulder movements). Clinically, it closely correlates with Frozen Shoulder (Adhesive Capsulitis), a common musculoskeletal disorder that significantly impairs daily activities and quality of life. Conventional management includes analgesics, physiotherapy, intra-articular injections, and surgical interventions; however, these approaches often provide delayed relief and may be associated with adverse effects or recurrence. Ayurveda emphasizes para-surgical procedures such as Viddhakarma for the management of Snayu-Sandhi-Asthigata Vata disorders. Viddhakarma is a minimally invasive technique involving therapeutic pricking at specific anatomical sites to alleviate pain and restore functional movement by correcting localized Vata Dushti and improving circulation. The present case report documents the role of Viddhakarma in a 52-year-old male patient diagnosed with Avabahuka, presenting with chronic shoulder pain and restricted movements for four months. Viddhakarma was administered three times weekly for three sittings without any internal medication. Outcome assessment was done using pain intensity, range of motion, and functional ability of the shoulder joint. Marked improvement was observed in pain reduction, restoration of shoulder mobility, and daily activities, with no adverse effects. This case highlights Viddhakarma as an effective, safe, and economical therapeutic modality in the management of Avabahuka.

KEYWORDS: Avabahuka, Frozen Shoulder, Viddhakarma, Vatavyadhi, Ayurvedic Case Report, Anushastra

INTRODUCTION

Avabahuka is a well-recognized clinical entity in Ayurveda, described under the spectrum of Vatavyadhi. The term Avabahuka denotes impairment of shoulder joint movements due to vitiation of Vata Dosha localized in the Amsa Pradesha. Classical texts explain that aggravated Vata leads to Shosha (degeneration) of Snayu and Sira around the shoulder joint, resulting in pain, stiffness, and functional limitation of the upper limb. The disease primarily affects individuals in middle age and is often chronic in nature. 1

From a contemporary medical perspective, Avabahuka closely resembles Frozen Shoulder or Adhesive Capsulitis, a condition characterized by progressive pain, stiffness, and restricted active and passive movements of the shoulder joint. The prevalence of Frozen Shoulder is estimated to be around 2–5% in the general population, with higher incidence among individuals aged 40–60 years. Despite various treatment options such as non-steroidal anti-inflammatory drugs, physiotherapy, corticosteroid injections, and surgical release, the condition often follows a prolonged course and may result in incomplete recovery. 2

Ayurvedic management of Avabahuka focuses on correcting the underlying Vata imbalance through Shamana and Shodhana therapies. Among these, para-surgical procedures like Viddhakarma are specifically indicated in disorders involving Snayu, Sandhi, and Asthi. Viddhakarma involves controlled therapeutic pricking at specific sites to relieve Sanga (obstruction), normalize Vata Gati, and alleviate pain and stiffness. Classical references highlight its role in conditions presenting with severe pain and restricted movement, particularly where localized Vata predominance exists. 3

In recent times, there has been growing interest in minimally invasive and cost-effective therapeutic procedures that offer rapid relief. Viddhakarma fulfills these criteria and can be performed in an outpatient setting with minimal resources. However, documented clinical evidence on its application in Avabahuka is limited. 4

Therefore, the present case report aims to evaluate the clinical efficacy of Viddhakarma in the management of Avabahuka and to explore its potential as a safe and effective para-surgical intervention in shoulder joint disorders dominated by Vata Dosha. 5

AIM AND OBJECTIVES

Aim

To evaluate the therapeutic role of **Viddhakarma** in the management of **Avabahuka (Frozen Shoulder)** through a single-case clinical assessment.

Objectives

1. To assess the effect of Viddhakarma on **pain (Shoola)** associated with Avabahuka.
2. To evaluate improvement in **shoulder joint mobility** and functional capacity following Viddhakarma.
3. To observe the safety and feasibility of Viddhakarma as a **para-surgical intervention** in Vatavyadhi involving Snayu and Sandhi.
4. To clinically correlate Ayurvedic principles of Vata Shamana with functional outcomes in Avabahuka.

MATERIALS AND METHODS

Study Design

- **Type of study:** Single-case clinical study
- **Study setting:** Ayurvedic clinical setup
- **Study duration:** 3 weeks (with three times weekly intervention)

Selection of Patient

The patient was selected from the outpatient department based on classical Ayurvedic diagnostic criteria of Avabahuka and corresponding modern clinical features of Frozen Shoulder.

Inclusion Criteria

- Patients presenting with:
 - Shoulder pain and stiffness
 - Restricted movements of the shoulder joint
 - Clinical features suggestive of Avabahuka
- Age between 40–60 years
- Willingness to undergo Viddhakarma and provide informed consent

Exclusion Criteria

- History of recent trauma or fracture of shoulder
- Severe systemic illness (e.g., uncontrolled diabetes, bleeding disorders)
- Shoulder pathology requiring surgical intervention
- Infective or inflammatory arthritis

Diagnostic Criteria

Ayurvedic Diagnostic Criteria

- Bahu-prasandita hara (restricted shoulder movement)
- Amsa Shoola (shoulder pain)
- Stambha (stiffness)
- Vata-pradhana Lakshanas

Modern Diagnostic Correlation

- Painful restriction of active and passive shoulder movements
- Reduced abduction and external rotation
- Night pain and functional limitation

Case Presentation

Patient Information

- **Age:** 52 years
- **Gender:** Male
- **Occupation:** Office worker
- **Socioeconomic status:** Middle class
- **Chief complaints:**
 - Pain in left shoulder joint for 4 months
 - Restriction of shoulder movements
 - Difficulty in overhead activities and combing hair
 - Not lifting Weight even 1-2 kg by left hand.

History of Present Illness

The patient was apparently healthy 4 months back when he gradually developed pain in the left shoulder, followed by stiffness and reduced range of motion. Pain was aggravated at night and during movement. He had taken NSAIDs and physiotherapy with only temporary relief.

Past History

- No history of trauma
- No diabetes or hypertension

Personal History

- Appetite: Irregular
- Sleep: Disturbed due to pain
- Bowel: Regular

Clinical Findings

General Examination

- Pulse: 78/min
- BP: 124/80 mmHg
- No systemic abnormalities detected

Local Examination

- Tenderness present over anterior and lateral shoulder
- Marked restriction of:
 - Abduction
 - External rotation
 - Flexion
- Painful arc present

Ayurvedic Assessment

- **Dosha:** Vata Pradhana
- **Dushya:** Snayu, Sira, Sandhi
- **Srotas:** Asthi-Majja Vaha Srotas
- **Roga Marga:** Madhyama
- **Diagnosis:** Avabahuka

Before Viddhakarma Sitzings :-



Method of Intervention: Viddhakarma

Purva Karma

- Patient counseling and written informed consent
- Local examination and identification of tender points
- Cleaning of the area with antiseptic solution

Pradhana Karma

- Patient positioned comfortably in sitting posture
- Viddhakarma performed at anatomically relevant points on left hand & selected tender points around Amsa Sandhi.
- Controlled pricking done up to appropriate depth upto 3-5 mm
- Mild bloodletting allowed to occur spontaneously

Paschat Karma

- Local pressure applied to stop bleeding
- Patient advised gentle shoulder movements
- Avoidance of strenuous activity for 24 hours

Treatment Schedule

- **Frequency:** Three times weekly
- **Total sittings:** 9
- **Associated therapy:** Gentle mobilization exercises only
- **Oral medication:** Not administered during the treatment period

Assessment Criteria

Subjective Parameters

- Pain intensity (Visual Analog Scale – VAS)
- Night pain
- Difficulty in daily activities

Objective Parameters

- Range of motion of shoulder joint:
 - Abduction
 - External rotation
 - Flexion
- Functional improvement assessed clinically

Assessments were done **before treatment and after completion of 9 sittings.**

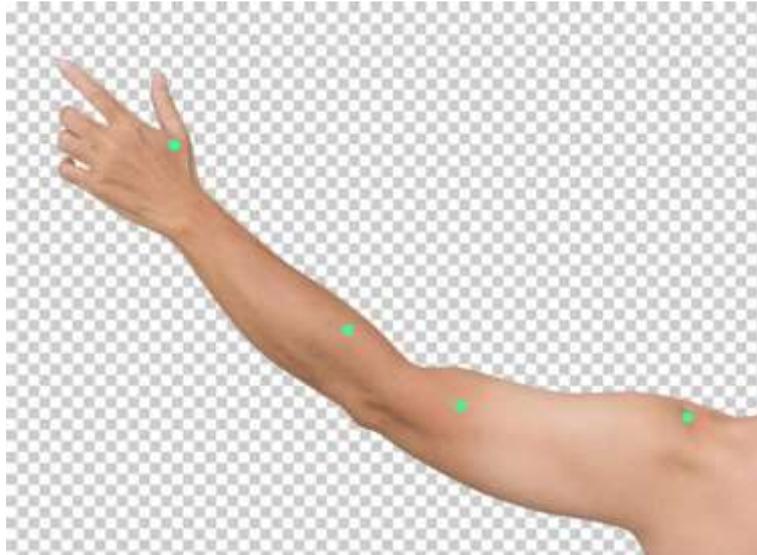
Ethical Consideration

The study was conducted after obtaining **written informed consent** from the patient. Confidentiality and patient safety were maintained throughout the study.

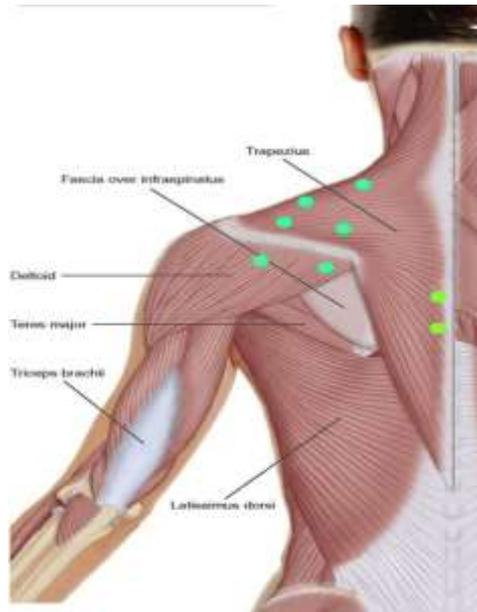
Intervention

Viddhakarma Procedure

Site of Viddhakarma:



- Classical Vata-hara Viddha points near Snayu and Sandhi region :-
 - Kshipra Marma Urdhva 2 Angul
 - Kurpara (Elbow) Sandhi Urdhva 4 Angul
 - Kurpara (Elbow) Sandhi Adho 4 Angul
 - Amsa Mul Point (Depression Lateral to Acromio – Clavicular Joint)
 - Trapezius Muscle Trigger Point
- Classical Vata-hara Viddha points near Snayu and Sandhi region :-



Instrument:

- Sterile disposable insulin needle – 26 x ½ G

Procedure:

1. Patient seated comfortably
2. Area cleaned with antiseptic solution
3. Viddhana performed at selected points up to appropriate depth
4. Mild blood oozing allowed
5. Local pressure applied after procedure

Frequency:

- Three Times weekly
- Total sittings: 9

Associated Management

- Gentle shoulder mobilization exercises
- No oral analgesics during treatment period

Table: Details of Viddhakarma Intervention

Component	Details
Name of Procedure	Viddhakarma
Type of Therapy	Para-surgical procedure (Raktamokshana-based)
Indication	Avabahuka (Snayu-Sandhi-gata Vata)
Study Design	Single-case clinical intervention
Treatment Setting	Outpatient Department (OPD)
Patient Position	Sitting position with relaxed shoulder
Site of Intervention	1) Classical Vata-hara Viddha points near Snayu and Sandhi region : <ul style="list-style-type: none"> - Kshipra Marma Urdhva 2 Angul - Kurpara (Elbow) Sandhi Urdhva 4 Angul - Kurpara (Elbow) Sandhi Adho 4 Angul - Amsa Mul Point (Depression Lateral to Acromio – Clavicular Joint)

	- Trapezius Muscle Trigger Point 2) Tender and painful points around Amsa Sandhi (anterior, lateral, and posterior shoulder region)
Basis of Site Selection	Presence of maximum pain, stiffness, and restricted movement corresponding to Snayu and Sandhi involvement
Instrument Used	Sterile disposable insulin needle – 26 x ½ G
Aseptic Measures	Area cleaned with antiseptic solution (spirit/povidone iodine); sterile gloves used
Depth of Viddhana	Superficial to moderate depth, sufficient to stimulate local tissues
Number of Pricks per Sitting	5–8 pricks depending on tenderness
Bloodletting	Mild oozing of blood allowed spontaneously
Hemostasis	Achieved by gentle pressure using sterile cotton
Frequency of Procedure	Three Times weekly
Total Number of Sitzings	9 sittings
Duration of Treatment	3 weeks
Associated Therapy	Gentle shoulder mobilization exercises
Oral Medication	Nil
Dietary Advice	Avoid cold, dry, and Vata-aggravating food
Post-procedure Advice	Avoid heavy lifting and strenuous shoulder activity for 24 hours
Adverse Effects	None observed
Assessment Time Points	Before treatment and after completion of 9 sittings

Outcome Measures

Parameter	Before Treatment	After 3 Weeks
Pain (VAS)	8/10	2/10
Abduction	Severely restricted	Almost full
External Rotation	Painful & restricted	Mild discomfort
Night pain	Present	Absent
Functional activity	Difficult	Comfortable

Table: Assessment of Clinical Parameters Before and After Viddhakarma Intervention

Assessment Parameter	Baseline (Before Treatment)	After Treatment (After 9 Sittings of Viddhakarma)	Clinical Outcome
Pain Intensity (VAS)	Severe pain (8/10)	Mild pain (2/10)	Marked reduction
Nature of Pain	Continuous, aggravated by movement and at night	Occasional, only on extreme movement	Significant relief
Night Pain	Present, disturbed sleep	Absent	Complete relief
Shoulder Stiffness (Stambha)	Severe stiffness	Mild stiffness	Improved
Abduction	Severely restricted (approx. 60°)	Almost full (approx. 150°)	Marked improvement
Flexion	Restricted and painful	Near normal with minimal discomfort	Improved
External Rotation	Painful and markedly restricted	Mild discomfort, near normal	Improved
Internal Rotation	Limited	Normal	Restored
Tenderness	Present over anterior and lateral shoulder	Absent	Resolved
Functional Activities (e.g., combing hair, overhead reach)	Difficult and painful	Performed comfortably	Restored
Muscle Spasm	Present around shoulder girdle	Absent	Resolved
Sleep Quality	Disturbed due to pain	Normal	Improved
Dependence on Analgesics	Required occasionally	Not required	Eliminated
Overall Clinical Status	Poor	Good	Significant recovery
Adverse Effects	Not applicable	None observed	Safe intervention

RESULTS

Marked improvement was observed after the first sitting itself. By the end of the nine sitting, pain was significantly reduced, shoulder mobility improved, and the patient was able to perform daily activities without difficulty. No adverse effects were reported.

After Third Week of Viddhakarma Sitzings



DISCUSSION

Avabahuka is a classical Vatavyadhi characterized by Shoola, Stambha, and Bahu-prasandita hara, resulting from vitiation of Vata Dosha localized in the Amsa Sandhi. The pathogenesis involves Ruksha, Sheeta, and Chala Guna of aggravated Vata leading to Shosha of Snayu and Sira, ultimately producing pain and restriction of shoulder movements. The chronicity of Avabahuka reflects the involvement of Madhyama Roga Marga, where diseases are often difficult to manage and show slow response to conventional therapies. 6

In the present case, the patient exhibited classical features of Avabahuka with predominant Vata Lakshanas such as chronic pain, stiffness, night pain, and restricted abduction and external rotation of the shoulder joint. Prior conventional treatment, including analgesics and physiotherapy, provided only temporary relief, indicating the need for an alternative therapeutic approach addressing the underlying pathophysiology. 7

Viddhakarma is a para-surgical procedure described in Ayurvedic texts for conditions involving Snayu, Sandhi, and Asthi, particularly in Vatavyadhi. It is considered a localized form of Raktamokshana, where controlled therapeutic pricking facilitates the release of vitiated Rakta and alleviates Sanga in the affected region. By removing localized obstruction, Viddhakarma restores the normal flow of Vata, thereby reducing pain and stiffness. 8

In this case, Viddhakarma was administered at selected above mentioned points & tender points around the Amsa Sandhi. Significant pain relief was observed after the first sitting itself, suggesting immediate Vata Shamana and reduction in local Srotorodha. Also due to Viddhakarma minimal bleeding occurs, so it improves blood circulation to respective site and damaged local tissue repair – regeneration takes place. Progressive improvement in the range of motion following subsequent sittings indicates gradual normalization of Snayu function and Sandhi mobility.

From an Ayurvedic perspective, the therapeutic action of Viddhakarma can be explained through:

- **Vata Anulomana**, achieved by relieving local obstruction
- **Shoola Prashamana**, due to normalization of Vata Gati
- **Srotoshodhana**, by removal of localized Dushti
- **Snayu Shithilata**, facilitating improved joint movement

Modern scientific understanding may correlate the effects of Viddhakarma with neurovascular stimulation. Therapeutic pricking is known to activate cutaneous and subcutaneous nerve endings, leading to modulation

of pain pathways and release of endogenous analgesic substances. Improved microcirculation may aid in reducing local inflammation and muscle spasm, thereby restoring joint mobility. 9

The absence of oral medication in this case highlights the standalone efficacy of Viddhakarma. Moreover, the procedure was well tolerated, economical, and performed in an outpatient setting without any adverse events. Compared to prolonged pharmacological therapy or invasive procedures, Viddhakarma offers a simple yet effective alternative, especially in chronic and refractory cases. 10

Although this is a single-case observation, the consistent improvement in subjective and objective parameters supports the therapeutic potential of Viddhakarma in Avabahuka. However, limitations such as lack of imaging-based assessment and absence of long-term follow-up should be acknowledged. Larger clinical studies with standardized protocols are warranted to establish its efficacy and reproducibility.

CONCLUSION

Avabahuka, a debilitating Vatavyadhi affecting the shoulder joint, significantly restricts functional activities and quality of life. The present case report demonstrates that Viddhakarma is an effective, safe, and minimally invasive therapeutic modality in the management of Avabahuka. Significant improvement in pain, shoulder mobility, and functional capacity was achieved within a short treatment duration without the use of internal medications. The rapid clinical response observed in this case suggests that Viddhakarma acts by correcting localized Vata Dushti, relieving Srotorodha, and restoring normal joint function. Its simplicity, cost-effectiveness, and feasibility in an outpatient setting make it a valuable addition to the Ayurvedic management of shoulder joint disorders. This case supports the classical Ayurvedic indication of Viddhakarma in Snayu-Sandhi-gata Vata conditions and encourages further systematic clinical studies to validate its role in musculoskeletal disorders such as Avabahuka.

Patient Consent

Written informed consent was obtained from the patient before treatment and publication of this case report.

Conflict of Interest

None declared.

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