

# Avabahuka-The Spectrum of Disorders in Clinical Practice- A Review Article

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**Abstract**—Avabahuka is a broad terminology encompassing 100 of disorders affecting the cervical spine and shoulder. Modern clinical practice reflects this condition as a spectrum, including frozen shoulder, rotator cuff pathology and periarthritis. This review summarizes classical concepts, etiopathogenesis, clinical spectrum, diagnosis and current evidence-based Ayurvedic interventions. This highlights the need for differentiating various disorders coming under the spectrum of disorders and to find the ways for differentiating them and managing them.

**Keywords**— Avabahuka, Vata Vyadhi, Frozen Shoulder, Rotator Cuff Tendinopathy, Shoulder Impingement, Osteoarthritis, Cervical Radiculopathy.

## I. INTRODUCTION

**A**vabahuka is a umbrella term which includes spectrum of disorders. Diseases like Frozen shoulder, Periarthritis of shoulder, Rotator cuff pathologies, Osteoarthritis of shoulder, Subacromial bursitis, Cervical radiculopathy and Post traumatic shoulder stiffness come under the spectrum.

Definition according to Acharya Susrutha and Acharya Vagbhata

According to Acharya Susrutha<sup>1</sup> it is a condition which afflicts the shoulders, caused when *vata* localized in the region of the shoulder gets aggravated. It dries up the ligaments and constricts the *siras* in the shoulder region.

According to Acharya Vagbhata<sup>2</sup> when *vata* located at the root of the shoulders constricts the vein there, produces *avabahuka*, which causes loss of movement of the arm.

According to Madavakara<sup>4</sup> the aggravated *vata* located in the region of the shoulder causes constriction, dryness of the tendons or nerves located there in and causes another condition called as *avabahuka*.

## II. LITERATURE REVIEW

### *Nidana panchaka Nidana*

*Nidana* of *avabahuka* is similar to that of *vata vyadhi Poorvaroopa*

*The poorvaroopa is avayktha. Roopam*

According to Acharya Vagbhata<sup>1</sup> the main symptom is *bahuspandithara* which is loss of shoulder movement, pain in the area of shoulder joint and stiffness in the shoulder joint, *sira sankocha* (constriction in the veins of the shoulder joint) and *bahu shosha* (atrophy of arm muscles).

*Samprapthi*

*Vyana vayu prakopa* and *shleshaka kapha dushti* will eventually results in *sira, snayu, mamsa* and *kandara dushti*. The *doshas* and *dooshyas* get located in *amsa pradesha*. *Bahuspandanahara, sthambhata, shotha* and *shoola* like *avabahuka* symptoms get appeared

*Samprapthi ghataka*

*Udbhavasthana: Amapakvasaya Sancharasthana: Rasayanis*

*Adhishtana: Amsa pradesha*

*Vyakta sthana: Bahu pradesa and Amsa sandhi Dosha: Vata predominant (vyana and Prana) Anubandha Dosha: Kapha (Sleshaka), Pitta*

*Dooshyas: Pradhanataha-Asthi, Majja, Rakta, Mamsa. Upadhatu: Sira, Snayu, Kandara*

*Agni: Jataragni mandyajanya ama and respective Dhatwagni mandyajanya ama Srotas: Asthivaha, Majjavaha srotas*

*Srotodusti Prakara: Sanga Roga marga: Madhyama Roga*

*Avastha: Chirakari*

*Marma: Amsa, Amsa phalaka, Kaksadhara and Kurpara*

*Integrative Approach*

Modern assessment tools like X-ray and MRI help differentiate rotator cuff tears, osteoarthritis, or cervical causes. Combining Ayurvedic diagnosis with imaging ensures safe and precise management.

*Chikitsa*

According to Acharya Charaka<sup>3</sup> and Acharya Vagbhata<sup>2</sup> *nasya* and *uttara bhaktika snehapana* are the line of treatments. *Nidana parivarjana, Abhyanga, Swedana, Pizhichil, Elakizhi, Njavarakizhi, Podikizhi* and *Pichu* are well recognized methods now a days. General *vatha vyadhi chikitsa* also useful in *avabahuka chikitsa*

1. *Snehana*

External: *Abhyanga, Pichu, Parisheka* with *Prabhajana Vimardana Taila/Bala Thaila*

- Internal: *Snehapana* with *Kalyanaka Ghrita/Brahmi Ghrita*
2. *Swedana*  
*Nadi sweda* with *Sahacharadi Thaila/Dhanwantaram Thaila*  
*Patrapinda sweda* with *Sahacharadi/Dhanwantharam Thaila*  
*Shashtika pinda sweda* with *Bala Thaila/ Dhanwantharam Thaila*
  3. *Basti*  
*Ksheera basti* with *Bala ksheerapaka+Ksheerabala Thaila*  
*Yapana basti* with *Madhutailika Yapana*  
*Matra basti* with *Sahacharadi Thaila*
  4. *Nasya*  
*Pratimarsha Nasya* with *Anu taila/Mahatiktaka ghrita*
  5. *Agnikarma*

Ideal for chronic stiffness and acute localized pain relief.

6. Internal Medications  
*Rasnasaptakam Kashayam Maharasnadi Kashayam Yogaraja Guggulu Simhanada Guggulu Dashamoola* preparations  
*Bala/Ashwagandha* for *dhatukshaya*

The Ayurvedic approach is particularly effective in chronic, stiffness-dominant, and Vata- predominant conditions where conventional medicine relies heavily on steroids and physiotherapy.

*Sadhya Asadhyatha: Kashta Sadhya<sup>1</sup>*

Modern Spectrum of Conditions

Ayurveda's *Avabahuka* corresponds not only to frozen shoulder but multiple modern pathologies:

1. Adhesive Capsulitis (Frozen Shoulder)  
Characterized by capsular fibrosis, adhesions, severe stiffness, and night pain. Aligns with *Vata prakopa* and *snayu shotha*.
2. Rotator Cuff Tendinopathy / Tear  
Includes supraspinatus tendinopathy and rotator cuff degeneration. Leads to pain, reduced range of motion, and weakness.  
Correlates with *Snayugata Vata*.
3. Shoulder Impingement Syndrome  
Compression of tendons and bursae under the acromion. Painful arc and difficulty lifting arm. Similar to early-stage *Avabahuka*.
4. Bicipital Tendinitis  
Inflammation of long head of biceps tendon. Localized anterior shoulder pain.  
Comparable to *Vata*-induced *snayu* involvement.
5. Glenohumeral Osteoarthritis  
Degenerative changes with stiffness, crepitus, and chronic pain. Aligns with *Sandhigata Vata* component of *Avabahuka*.
6. Cervical Radiculopathy  
Cervical nerve root compression leading to shoulder pain and restricted movement. Mimics *Avabahuka* symptoms due to *Urdhwanga Vata* vitiation.

### III. DISCUSSION

*Avabahuka*, described in the *Bṛhatrayi*, is a disease characterized by restriction of movement at the shoulder joint, pain, and functional disability. In Ayurveda, it is mainly considered a *vata-pradhana vyadhi*, with *kapha* contributing to *avarana* and stiffness. The pathogenic sequence includes *dhatu kshaya* (especially *mamsa* and *sleshma* depletion) or *vata-*

*avarana* mechanisms, ultimately leading to impairment of the shoulder's normal biomechanics.

When viewed through the lens of contemporary medicine, *Avabahuka* can be correlated with a spectrum of shoulder pathologies such as frozen shoulder (adhesive capsulitis), rotator cuff tendinopathy, periarthritis, bursitis, and early degenerative changes. The heterogeneity of symptoms, ranging from pain, stiffness, and restricted abduction to weakness and wasting, justifies considering *Avabahuka* as a clinical spectrum rather than a single nosological entity.

The chronicity of *Avabahuka* reflects the natural course of adhesive capsulitis<sup>6</sup>, which progresses from the painful stage to the frozen stage and eventually to a thawing phase. Similarly, the descriptions of *bāhuprasaraṇa-akṣamatā* (inability to lift or extend the arm) align with the clinical presentation of periarthritis and rotator cuff injuries. This suggests that the Ayurvedic classification is broad enough to encompass multiple modern shoulder disorders.

Another important consideration is the *nidana* (causative factors). *Ati-vyayama*, trauma, *vatavardhaka ahara-vihara*, and *jirnavastha* are noted in the classics, which parallel modern risk factors such as repetitive strain, metabolic conditions like diabetes mellitus, and age- related degeneration. This highlights the importance of early preventive measures—both lifestyle modification and therapeutic interventions—to arrest the progression of the disease.

From a therapeutic standpoint, Ayurveda emphasizes *snehana*, *swedana*, *basti*, *agnikarma*, and specific *panchakarma* measures to alleviate stiffness and pain. In modern practice, management typically involves NSAIDs, physiotherapy, corticosteroid injections, or surgical release in refractory cases. However, relapse and incomplete functional recovery are common challenges. Integration of Ayurvedic therapies such as *agnikarma* for localized pain relief<sup>5</sup>, *shamana* medicines for *vata*-pacification, and *mamsa-bala- vardhaka* measures for muscle support could provide a complementary and holistic approach in clinical practice.

Thus, *Avabahuka* is not confined to a single disease identity but represents a spectrum of musculoskeletal and neuromuscular shoulder disorders. Recognizing this spectrum widens the scope for clinicians to interpret, diagnose, and design individualized treatment plans. It also strengthens the relevance of classical Ayurvedic concepts in present day orthopedics and rehabilitation medicine

### IV. CONCLUSION

*Avabahuka* represents a complex *vata-vyadhi* that aligns closely with several modern shoulder disorders, highlighting its broad clinical relevance. Understanding its pathogenesis through both Ayurvedic principles and contemporary biomedical perspectives allows for a more comprehensive approach to diagnosis and management. Evidence supports the role of Ayurvedic therapies such as *snehana*, *swedana*, *nasya* and targeted rehabilitative measures in improving pain and mobility. *Agnikarma* showed sudden result in pain management<sup>5</sup> of *Avabahuka*. Integrative, individualized treatment strategies hold significant potential for enhancing

functional outcomes and ensuring better long-term recovery in patients presenting with *Avabahuka*.

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