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Role of *Agnikarma* with Honey in Pain Management of Periarthritis of the Shoulder Joint: A Case Report

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Abstract— *Periarthritis of the shoulder (adhesive capsulitis) is a painful condition characterized by progressive restriction of shoulder movements, leading to functional impairment. In Ayurveda, the condition can be understood under the spectrum of Snayugata Vata and Sandhigata Vata, where aggravated Vata Dosha affects the periarticular soft tissues and joints, resulting in pain and restricted movements. A 74-years old male presented with pain and restricted movements of the left shoulder for three months. Clinical examination and radiological investigations confirmed the diagnosis of periarthritis of the left shoulder. The patient underwent a single sitting of Agnikarma with Honey. Pain was assessed using the Visual Analogue Scale (VAS), and shoulder range of movements was evaluated using a universal goniometer before treatment, immediately after treatment, and on the 7th day. The patient showed marked reduction in pain and significant improvement in shoulder movements without any procedure-related complications. This case suggests that Agnikarma with Honey may be a safe and effective treatment option for the management of periarthritis of the shoulder.*

Keywords— *Snayugata Vata, Sandhigata Vata, Agnikarma with Honey, Periarthritis of Shoulder, Adhesive Capsulitis.*

I. INTRODUCTION

Periarthritis of the shoulder, also known as adhesive capsulitis or frozen shoulder, is a painful musculoskeletal disorder characterized by progressive pain and restriction of both active and passive movements of the shoulder joint.[1] It is frequently associated with diabetes mellitus, thyroid disorders, prolonged immobilization, and trauma.[2] The condition significantly impairs activities of daily living and reduces the quality of life.[3] Conventional management includes analgesics, non-steroidal anti-inflammatory drugs, corticosteroid injections, physiotherapy, and surgical intervention in refractory cases.[4] Although these treatment modalities are effective in many patients, recovery is often gradual and may require prolonged rehabilitation.[5]

From an Ayurvedic perspective, the clinical features of periarthritis of the shoulder can be understood under the spectrum of *Snayugata Vata* and *Sandhigata Vata*, where aggravated *Vata Dosha* affects the *Snayu* (ligaments, tendons, and periarticular soft tissues) and *Sandhi* (joints), resulting in pain (*Shoola*), stiffness (*Stambha*), and restricted movements.[6] *Agnikarma* with Honey is a parasurgical procedure selected in the present case based on the principles described by Acharya Sushruta for the management of disorders involving *Sira*, *Snayu*, *Sandhi*, and *Asthi*.[7] The controlled application of therapeutic heat through honey is believed to alleviate pain, reduce stiffness, improve local circulation, and restore joint mobility.[8]

II. CASE PRESENTATION

A. Presenting Complaints

Pain and restricted range of movements of the left shoulder since 3 months

B. History of Presenting Complaints

A 74-years old male presented to the Department of *Shalyatantra* with complaints of pain and restriction of movement in the left shoulder for the preceding three months. The symptoms had an insidious onset and gradually progressed in severity. The pain was aggravated by overhead activities and lifting objects and was relieved by rest.

The patient experienced difficulty with routine activities, including combing his hair, dressing, and reaching overhead since 3 months.

C. Past History

The patient was a known case of Type 2 Diabetes Mellitus and was on regular medication. There was no history of trauma or previous surgery involving the affected shoulder.

D. Personal History

- Appetite – Normal
- Bowel – Regular
- Bladder – Normal
- Sleep – Disturbed due to pain
- Diet – Mixed
- Habits – No history of smoking or alcohol consumption.

E. Family History

- No significant family history.

F. On Examination

Inspection revealed no swelling, deformity, or redness over the left shoulder.

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On palpation, mild tenderness was over the anterior aspect of the left shoulder.

Range of Movements

Movement	Before Treatment
Flexion	80°
Abduction	80°
External Rotation	45°

Pain intensity was assessed using the Visual Analogue Scale (VAS).

G. Diagnostic Assessment

The diagnosis of periarthritis (adhesive capsulitis) of the left shoulder was established based on the patient's history, clinical examination, and radiological findings. The patient was a known case of Type 2 Diabetes Mellitus. Clinical examination demonstrated pain and restriction of both active and passive shoulder movements, while X-ray of the left shoulder revealed mild impingement changes at the subacromial region without significant bony abnormalities. Routine hematological and biochemical investigations were within normal limits

III. Therapeutic Intervention

a) Pre-operative Procedure

Written informed consent was obtained from the patient. The patient was positioned comfortably with adequate exposure of the affected left shoulder. The most tender points were identified and marked. The affected shoulder region was cleaned with an antiseptic solution.

b) Operative Procedure

Honey was heated to approximately 90°C and applied over the marked tender points using a sterile Borosil pipette in the *Bindhu Vishesha* pattern. The procedure was completed in a single sitting under aseptic precautions.

c) Post-operative Procedure

Immediately after the procedure, Aloe vera pulp was applied over the treated area to alleviate the burning sensation. After removal of aloe vera, a mixture of honey and ghee in equal proportion was applied locally. The patient was observed for 30 minutes for any immediate adverse reactions and was advised to avoid strenuous activities involving the affected shoulder. Follow-up on 7th day was advised to assess pain and shoulder range of movements.

Fig. 1. Materials used for *Agnikarma* with Honey

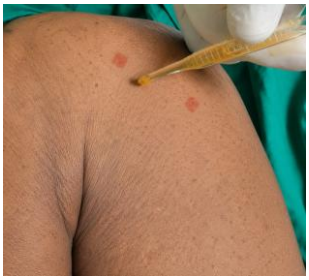

Fig. 2. *Agnikarma* with Honey

IV. Outcome and Follow-Up

The patient was assessed before treatment, immediately after the intervention, and at the 7th-day follow-up. Pain intensity was evaluated using the Visual Analogue Scale (VAS), while shoulder range of motion was measured using a universal goniometer. Before treatment, the patient had a VAS score of 6, with restricted shoulder movements, including 80° of flexion, 80° of abduction, and 45° of external rotation. Immediately after *Agnikarma* with Honey, the VAS score decreased to 2, with improvement in flexion and abduction to 120° and external rotation to 60°. At the 7th-day follow-up, the patient maintained the post-treatment improvement, with a VAS score of 2, shoulder flexion and abduction of 120°, and external rotation of 60°. The patient also reported improvement in activities of daily living, and no procedure-related adverse events or complications were observed throughout the follow-up period.

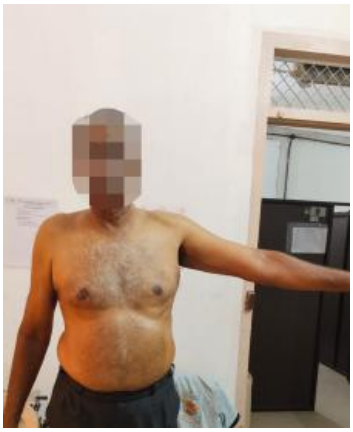

Fig. 3. Before treatment

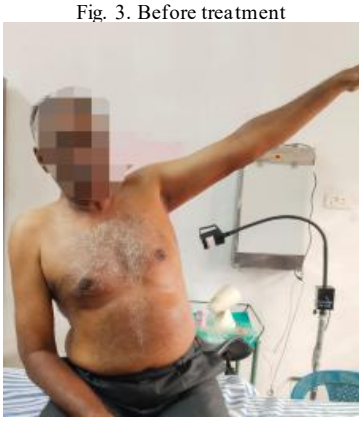

Fig. 4. After treatment

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V. Discussion

Periarthritis of the shoulder is a painful musculoskeletal disorder characterized by progressive pain and restriction of shoulder movements, leading to functional impairment. From an Ayurvedic perspective, the condition can be understood under the spectrum of *Snayugata Vata* and *Sandhigata Vata*, wherein aggravated Vata Dosha affects the Snayu and Sandhi, resulting in pain, stiffness, and restricted joint movements.

Acharya Sushruta, in the *Agnikarma Adhyaya* of *Sushruta Samhita* (Sutrasthana), has described *Agnikarma* as a therapeutic procedure for diseases involving Sira, Snayu, Sandhi, and Asthi. Based on this classical indication, *Agnikarma* with Honey was selected as the treatment modality in the present case. The controlled thermal effect of the procedure may enhance local blood circulation, relieve muscle spasm, reduce pain, and improve the extensibility of periarticular soft tissues, thereby facilitating restoration of shoulder mobility.

In the present case, a single sitting of *Agnikarma* with Honey resulted in a marked reduction in pain, with the VAS score decreasing from 6 before treatment to 2 immediately after treatment, which was maintained at the 7th-day follow-up. Improvement in pain was accompanied by increased shoulder range of motion and improved functional ability, as assessed using a universal goniometer. No procedure-related adverse events or complications were observed during the follow-up period.

VI. Conclusion

The present case demonstrates that *Agnikarma* with Honey was associated with significant pain relief, improved shoulder range of motion, and better functional outcome in a patient with periarthritis of the shoulder. The therapeutic benefits achieved immediately after treatment were maintained at the 7th-day follow-up, and the procedure was well tolerated without any adverse events or complications. These findings suggest that *Agnikarma* with Honey may serve as a safe and effective therapeutic option for pain management in periarthritis of the shoulder. However, further well-designed clinical studies with larger sample sizes are required to establish its efficacy.

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