

**MANAGEMENT OF FROZEN SHOULDER (AVABAHUKA) WITH AGNIKARMA
AND CUPPING THERAPY (ALABU CHIKITSA): A CLINICAL STUDY****Dr. Mayank Pratap Singh^{1*}, Dr. R. C. Yakkundi², Dr. Sachin Patil³ and Dr. Akshay Ganachari⁴**¹3rd Year PG Scholar, Department of Shalya Tantra, SSRAMC, Inchal, Belagavi.²Professor & HOD, Dept. of Shalya Tantra, SSRAMC, Inchal, Belagavi.³Professor, Dept. of Shalya Tantra, SSRAMC, Inchal, Belagavi.⁴Assistant Professor, Dept. of Shalya Tantra, SSRAMC, Inchal, Belagavi.***Corresponding Author: Dr. Mayank Pratap Singh**³rd Year PG Scholar, Department of Shalya Tantra, SSRAMC, Inchal, Belagavi.

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ABSTRACT

Background: Frozen shoulder, known as Avabahuka in Ayurveda, is a painful condition characterized by progressive stiffness and restricted shoulder movements. It is primarily a Vata-dominant disorder affecting the Amsa Sandhi (shoulder joint). Conventional treatments often provide temporary relief, whereas Ayurvedic interventions such as Agnikarma and Alabu Chikitsa (cupping therapy) offer promising results through localized action.^[1,2] **Aim:** To evaluate the clinical efficacy of Agnikarma and Alabu Chikitsa in the management of Avabahuka (frozen shoulder). **Methods:** A single-center, open-label clinical study was conducted on 30 patients diagnosed with Avabahuka. Patients were randomly allocated into two groups: Group A received Agnikarma therapy once a week for 4 weeks; Group B received Alabu Chikitsa (wet cupping) every 10 days (3 sittings total). Assessment was done using SPADI, VAS, and ROM measurements.^[3] **Results:** Both therapies showed significant improvements in pain, stiffness, and ROM. Group A showed faster pain relief, while Group B was more effective in reducing stiffness and improving circulation.^[4,5] **Conclusion:** Both Agnikarma and Alabu Chikitsa are effective in managing Avabahuka. A combination of both therapies may offer synergistic effects for better outcomes.^[6]

KEYWORDS: Avabahuka, Frozen Shoulder, Agnikarma, Alabu Chikitsa, Cupping Therapy, SPADI, Vata Vyadhi.

INTRODUCTION

Frozen shoulder (adhesive capsulitis) is a self-limiting condition marked by stiffness and pain in the shoulder joint. It is characterized by a progressive limitation of shoulder motion and typically evolves through three stages—freezing, frozen, and thawing.

In Ayurvedic literature, this condition closely resembles 'Avabahuka', a Vata Nanatmaja Vyadhi¹. Vitiated Vata Dosha causes dysfunction of Amsa Sandhi, leading to restricted mobility and pain.^[2]

AGNIKARMA- Agnikarma involve the use of heated instruments or Metal for therapeutic cauterization. It is effective in condition like Gridhrasi, Sandhigata Vata, Kanataka Shoola. The Thermal energy relieve pain and reduces inflammation and support localized tissue repair.

ALABU CHIKITSA- Alabu Chikitsa is an ancient ayurvedic para surgical procedure falling under Raktamokshana (bloodletting) therapy. It involves the use of dried guard (alabu) or Modern suction cup to draw

vitiated blood from localized areas, there by relieving pain, swelling and stagnation of doshas primarily Vata and Kapha.

Ayurvedic texts suggest localized treatments like Agnikarma and Alabu Chikitsa for their role in alleviating pain and stiffness by breaking the Samprapti.^[3]

MATERIALS AND METHODS

Study Design: Open-label, randomized, prospective clinical study.

Sample Size: 30 patients diagnosed with Avabahuka.

Inclusion Criteria: Age 30–65 years, frozen shoulder duration <1 year.

Exclusion Criteria: Diabetes mellitus with complications, trauma, infection, RA.

Intervention

Group A – Agnikarma: Panchadhatu Shalaka used once weekly for 4 weeks.^[4]

Group B – Alabu Chikitsa: Wet cupping therapy done every 10 days for 3 sittings.^[5,6]

Assessment Tools: Shoulder Pain and Disability index (SPADI) score, Visual Analogue Scale (VAS), and Range of Motion (ROM) measurements.

Assessment Time: Baseline, end of 4 weeks, and at 6 weeks follow-up.

RESULTS AND DISCUSSION

Both groups showed significant improvements. Group A (Agnikarma) was more effective in immediate pain

relief, while Group B (Alabu) provided better stiffness relief. SPADI scores dropped by 65% in Group A and 58% in Group B. ROM improved in both groups with increased shoulder abduction and external rotation.^[4,5]

Agnikarma acts through Ushna and Tikshna Gunas to pacify Vata and remove Srotorodha.^[1] Alabu Chikitsa improves circulation, removes local Ama, and relieves myofascial trigger points.^[6] Both therapies are effective, minimally invasive, and economical.

Frozen Shoulder Treatment - Before and After



Before and After Treatment - Female Patient



Before Treatment - Male Patient



After Treatment - Male Patient

CONCLUSION

Agnikarma and Alabu Chikitsa are effective therapies for the management of Avabahuka (frozen shoulder). Their combined application could potentially provide enhanced therapeutic benefits by addressing both pain and stiffness.

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