

REVIEW ARTICLE

Role of *Agnikarma* and *Viddha Karma* in *Avabahuk* W.S.R to Frozen Shoulder – A Conceptual Study

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ABSTRACT

According to Sushruta's definition of *Avabahuk*, this condition occurs when vitiated *vata dosha* enters the veins of the shoulder joint, causing the joint to be immobile and the arm muscles to atrophy. In the contemporary text, *Avabahuk* is comparable to Frozen Shoulder. Joints play a role in all bodily movements, but when they are damaged, it not only results in physical limitations but also has psychological effects including anxiety, impatience, and melancholy. The shoulder joint has the widest range of motion, and when it is injured, it restricts everyday tasks and worsens psychological conditions due to excruciating pain. The recovery from a frozen shoulder often takes 1–3 years, although this time frame is very challenging to achieve. Consequently, its treatment is important. Various measures are described in Ayurveda for its treatment. A parasurgical method called *Viddha Karma* uses pricking to remove the accumulated Doshas from the human body. *Agnikarma*, also known as a therapeutic heat burn, instantly relieves pain by balancing the local *Vata* and *Kapha Dosha* without causing any negative side effects. In addition, this treatment improves the patient's quality of life by reducing the need for analgesics and other drugs.

1. INTRODUCTION

Clinically referred to as periarthritis or adhesive capsulitis, frozen shoulder is a condition that negatively impacts the entire upper extremity and is typified by discomfort, stiffness, and reduced glenohumeral joint function.^[1] It is called adhesive capsulitis because, in this condition, the shoulder capsule fuses to the humeral head. Frozen shoulder is a prevalent condition in the sixth decade of life and affects women more frequently than men. Before the age of 40, it is less common.^[2] The exact cause of the disease is still unknown. Frozen shoulder can be classified as primary (idiopathic) or secondary. Chronic inflammation and fibroblastic proliferation cause idiopathic adhesive capsulitis, which may truly be an unfavorable immune system reaction. After a shoulder injury or surgery, secondary adhesive capsulitis can develop. It can also be linked to other problems such as diabetes mellitus, rotator cuff damage, a cerebrovascular accident, cardiovascular disease, or thyroid disorders. Pain and contracture (loss of range of motion) are the two main symptoms of a frozen shoulder. It causes growing pain that is initially primarily nighttime in nature.^[3]

The shoulder ligaments' contracture reduces the volume of the capsule and consequently the joint's range of motion. The glenohumeral joint's passive range of motion and active range of motion are being gradually lost. Flexion, abduction, and external rotation are the most often encountered range of motion restrictions.^[4] Modern medical science provides very little hope for treating this problem, and when the disease condition worsens, steroid therapy is suggested, which has numerous negative side effects and huge financial costs. This condition is closely similar to the Ayurvedic ailment "*Avabahuk*" based on its characteristics and symptoms. The condition known as *Avabahuk* is primarily *vata-kapha* and is caused by a vitiated *vata dosha* with *kapha anubandha*.^[5] Modern medicine has non-steroidal anti-inflammatory drugs, steroids for such condition but it is costly, have much side effects and not satisfying treatment. *Agnikarma* and *viddhakarma* is considered the best parasurgical procedure to pacify these doshas due to its *ushma*, *sukshma*, *Asukari guna*. This review article will highlight, evaluate, elaborate, and discuss about *Agnikarma* and *viddhakarma* in *Avabahuk*.

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2. MATERIALS AND METHODS

The data about the *Avabahuk*, *Agni Karma*, and *viddhakarma* was gathered from Brihatrayi and its comments, Laghutrayi, and other Ayurvedic textbooks. A textbook on current medicines and an index

of peer-reviewed medical journals were used to acquire the relevant information.

3. CONCEPTUAL STUDY

3.1. *Avabahuk* (Frozen Shoulder)

Vata is regarded as a key element in the body's physiological upkeep. *Vata*-provoking factors cause diseases to appear instantly and can even have a fatal outcome. The *vyadhis* created by the other two doshas are therefore less significant than the *Vataja nanatmaja vyadhis*. To keep the balance, opposing strategies to calm this vitiated state must be restored.^[6] From a contemporary perspective, conditions involving the nervous, musculoskeletal, psychological, and gastrointestinal systems are more comparable to *Vata vyadhi*. It shows how deeply *Vata* is involved in many different bodily systems.^[7] One such disease that interferes with a person's daily activities is *Avabahuk*. Regarding the effects generated by *Avabahuk*, the fact that *Vata vyadhi* is one of the *Ashta maha gada* itself provides an explanation.^[8] Although a specific cause of this disease's appearance is not mentioned, a number of etiological elements can be inferred. The disease *Avabahuk* may develop as a result of the depletion of tissue elements (*dhatu kshaya*) as well as *Samsrushta dosha*, according to an analysis of the etiopathology. The *Vata* dosha is thought to be the cause of a disease known as *Avabahuk*, which typically affects the shoulder joint (*amsa sandhi*). Acharya Sushruta and others recognized *Avabahuk* to be a *Vata vyadhi* even though the term is not listed in the *nanatmaja Vata vyadhi*.^[9] *Amsa shosha* can be viewed as the disease's early stage, during which the *Shleshaka Kapha* from the shoulder joint is lost or becomes dry. The loss of *Shleshaka Kapha* results in the following stage, known as *Avabahuk*, and symptoms such as *shoola* when moving, restricted movement, and so forth develop. Even as this is discussed in the *Madhukosha teeka*, it is noted that *Avabahuk* is *Vata Kapha janya* and that *Amsa shosha* is formed by *dhatukshaya*, which is *shuddha Vata janya*.^[10]

The causes (*hetu*) of *Avabahuk* may be classified into two groups. (i) *Bahya hetu* — Causing injury to the vital parts of the body (*marma*) or the region surrounding the *amsa sandhi*, which is also known as *bahya abhigataja* that manifests the *vyadhi* or disease first; (ii) *Abhyantara hetu* — Indulging in the etiological factors that aggravate *Vata* leading to the vitiation of *vata* in that region and is also known as *dosha prokopajanya* (*Samshraya*), which in turn leads to *karmahani* of *bahu*.^[11]

3.2. Effect of *Agnikarma* in *Avabahuk*

A unique Ayurvedic method called *agnikarma* (therapeutic cauterization) is described as providing immediate pain reduction. The texts state that diseases treated with *agnikarma* won't return once they've been treated.^[12]

Acharya Sushruta has indicated the materials by name according to the site of *AgniKarma*.^[13]

1. *Twakadagdha* – *Pippali, Ajasakrida, Godanta, Shara, Shalaka*.
2. *Mamsadagdha* – *Jambhavsta Shalakla* and Other Metals.
3. *Sira, Snayu, Sandhi, and Asthi dagdha* – *Madhu, Jaggery, and Sneh*.

The pacification of *vata* and *kapha* is the direct outcome of *agnikarma*. The symptoms of a frozen shoulder are immediately relieved by this. The range of motion is increased as a result of, for example, a major decrease in pain and relief from stiffness. Five different metals were combined to create the *agnikarma* tool, which was heated until it was red hot before being placed to the area that was most painful. By doing

so, it must have reached the shoulder joint's problematic joint capsule, which would have relieved inflammation and, consequently, the pain. Range of motion improved as a result of the patient's increased self-assurance when the pain subsided. According to contemporary science, this is the *agnikarma* procedure's likely mode of action in relieving the symptoms. As with infrared light fomentation, the light waves penetrate deeper levels, which reduces inflammation. Similar principles apply to *agnikarma*. *Agnikarma* causes local capillaries to enlarge, which improves the blood flow to the area and drives inflammatory substances out of the body. The inflammation might not go away all at once, though, if the disease is chronic. A sort of powerful fomentation called *agnikarma* reduces inflammation.^[14]

3.3. Effect of *Viddha Karma* in *Avabahuk*

Viddha karma (*Suchivedhana*) involves puncturing the skin with a needle; this process can be compared to Trans-Cutaneous Electrical Nerve Stimulation's function, and the procedure is similar. Acharya Vagbhata asserts that the development of the *vata dosha* is influenced by *Dhatu Kshaya*, a degenerative pathology, and *Avarana*, an obstructive pathology.^[15] *Viddha karma* (*Suchivedhana*) eliminates the *Avarana* of *vatadi dosha* and removes the vitiated dosha from the body, providing immediate pain relief. Due to *Avabahuk's sampratibhanga* in subsequent repeated settings, stiffness was also lessened. It promotes good circulation around the shoulder joint by removing obstructions. *Vata, Pitta, Kapha*, and *Rakta* (*Dosha*) are carried by *sira*.^[16] The majority of vitiated *Dosha* are expelled out initially when we perform *Rakta* (*Blood*) through any type of *Raktamokshana*. The precise procedure in *Viddha karma* (*Suchivedhana*) involves releasing a very small amount of blood. Although there is very little blood that oozes, it might be enough to remove the vitiated *Doshas*. The central nervous system and pituitary gland create endogenous opioid peptides, which are thought to act as hormones and support the chemical theory of pain. Endorphins, a shortened name for endogenous morphine, are what they are. Its principal effect is to stop the pain route from moving. Following *Viddha karma* (*Suchivedhana*), the body produces these endorphins, which prevent pain signals from being communicated. Thus, pain is reduced.^[17] Because these are the areas where central fibers meet and carry the pain impulse, the *Viddha karma* (*Suchivedhana*) is performed over the most delicate points.

4. DISCUSSION

One of the most prevalent conditions, frozen shoulder affects patients primarily in the middle age range.^[18] While treating patients using *viddhakarma* and *agnikarma*, usually, there are patients with pain in joints. A person having pain is always restless. The patient always demands quick methods to relieve pain. *Agnikarma* procedure is a unique line of treatment among them. *Agnikarma* is the procedure where *agni* is applied directly or indirectly with the help of different materials to treat the disease. In *agnikarma* what is more important is to be a *samyak Dagdha Vrana* should be at the end of the procedure. *Agnikarma* can be compared in modern science to cautery-caused therapeutic heat burns. *Agni* possesses the anti-*Vata* and anti-*Kappa* qualities of *Ushna, Tikshna, Sukshma*, and *Aashukari Gunas*.^[19] By creating *Samyak Dagdha Vrana*, the physical heat from red-hot *Shalaka* is conveyed as therapeutic heat to *Twak dhatu*. This healing heat works in three different ways from *Twak Dhatu*. First, due to *Ushna, Tikshna, Sukshma, and Ashukari Guna*, it removes the *Srotavarodha*, pacifies the vitiated *Vata* and *Kapha Dosha* and maintains their equilibrium. Second, it improves the damaged site's blood circulation, or *Rasa Rakta Samvahana*. The increased blood flow to the affected area helps to flush out the chemicals that cause pain, relieving the patient's symptoms. Third, therapeutic heat raises

Dhatwagni, which improves Dhatu metabolism, digests *Amadosha* from the damaged area, and encourages Purva Dhatu to produce sufficient nutrition. *Asthi* and *Majja Dhatu* gain more stability as a result. By removing the *Avarana* of *Pitta* and *Kapha Dosha*, *Viddhakarma* can provide room for the *Anuloma Gati* of vitiated Vata, which, in turn, treats the symptoms of both *Vatika* and *Kapha* Dosha indirectly.

5. CONCLUSION

The sterile practice of *viddha* involves piercing or puncturing specific sites with hollow, specialized *viddha* needles. Endorphins are released by the immune system in reaction to this medication, which helps to lessen pain. The *viddha* method of pain relief for musculoskeletal problems produces notable results. It is beneficial to lessen the severity of discomfort. *Agnikarma* is a therapeutic burn technique that is widely used in treating many illnesses. Both emergency and chronic conditions can be treated with it. In the present era, it is used as diathermy or cauterization. There are several disorders for which *Agnikarma* has applications, and there are numerous ideas that need to be investigated. *Agnikarma* and *viddhakarma* are therefore both effective in treating pain and managing *Avabahuk* disease.

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REFERENCES

1. Le HV, Lee SJ, Nazarian A, Rodriguez EK. Adhesive capsulitis of the shoulder: Review of pathophysiology and current clinical treatments.

- Shoulder Elbow 2017;9:75-84.
2. Dias R, Cutts S, Massoud S. Frozen shoulder. *BMJ* 2005;331:1453-6.
 3. Tamai K, Akutsu M, Yano Y. Primary frozen shoulder: Brief review of pathology and imaging abnormalities. *J Orthop Sci* 2014;19:1-5.
 4. Available from: https://www.physio-pedia.com/frozen_shoulder [Last accessed on 2023 May 12].
 5. Available from: <https://www.easyayurveda.com/2015/08/14/frozen-shoulder> [Last accessed on 2023 Jun 01].
 6. Available from: <https://www.easyayurveda.com/2017/06/05/vata-disorders-vatavyadhi> [Last accessed on 2023 Jun 11].
 7. Das B, Ganesh RM, Mishra PK, Bhuyan G. A study on Avabahuk (frozen shoulder) and its management by Laghumasha taila nasya. *Ayu* 2010;31:488-94.
 8. Samhita C. *Ayurveda Deepika* commentary by Chakrapani Datta. In: Yadav T, editor. *Indriya Sthana*, 11/8-9. 4th ed. Varanasi: Chaukhamba Orientalia; 1994. p. 8-9.
 9. Available from: <https://niimh.nic.in/ebooks/esushruta/?mod=home&con=as> [Last accessed on 2023 Jun 11].
 10. Gadve BN, Urhe KM. A clinical case study of Agnikarma with Panchdhatu Shalaka in Avabahuk WSR to frozen shoulder. *World J Pharm Res* 2021;10:1514-9.
 11. Available from: https://www.researchgate.net/publication/51765540_a_study_on_avabahuk_frozen_shoulder_and_its_management_by_laghumasha_taila_nasya [Last accessed on 2023 Jun 06].
 12. Samhita S. In: *Madyamkhand TB*, editor. Edited with Dipika Hindi Commentary. Ch. 7. Varanasi: Chaukhamba Sanskrit Sansthan; 2010. p. 56-69.
 13. Sharma AR. Edited with "Susrutavimarsini" Hindi Commentary. 1st ed., Ch. 12. Verse no.4. *Susrutasamhita*, Maharshi Susruta. Sutrastan: Varanasi: Chukhambha Prakashan; 2010. p. 85. Available from: https://www.researchgate.net/publication/331672825_AGNIKARMA_A_Reference_Manual_for_Ayurvedic_Physicians_Information_Directly_Extracted_from_Approximately_3000_Years_Old_Literature [Last accessed on 2023 May 18].
 14. Pober JS, Sessa WC. Inflammation and the blood microvascular system. *Cold Spring Harb Perspect Biol*. 2014;7:a016345.
 15. Kumar JV, Dudhamal TS, Gupta SK, Mahanta V. A comparative clinical study of Siravedha and Agnikarma in management of Gidhrasi (sciatica). *Ayu* 2014;35:270-6.
 16. Das B, Ganesh RM, Mishra PK, Bhuyan G. A study on Apabahuka (frozen shoulder) and its management by Laghumasha taila nasya. *Ayu* 2010;31:488-94.
 17. Sprouse-Blum AS, Smith G, Sugai D, Parsa FD. Understanding endorphins and their importance in pain management. *Hawaii Med J* 2010;69:70-1.
 18. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK482162> [Last accessed on 2023 Jul 08].
 19. Pandey M, Shukla M. 'Agni Karma'-intentional systematic therapeutic burns. *BMJ Case Rep* 2010;2010:bcr1020092354.

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