



A CASE STUDY - ROLE OF THE AGNIKARMA IN THE MANAGEMENT OF FROZEN SHOULDER

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ABSTRACT

Inflammation is the most common cause of frozen shoulder, which is characterized by swelling, pain, and irritation of the tissues surrounding the joint. The underlying cause of this ailment is not yet definitively understood. It is estimated that 2 to 5 percent of the general population will experience frozen shoulder at some point in their lives, with 8.2 percent of males and 10.1 percent of working-age women affected by it. This condition can affect one or both shoulders, and typically resolves on its own within one to two years. Depending on the severity of the disease, a combination of NSAIDs, steroids, physiotherapy, and surgical intervention may be recommended by modern medicine. Ayurveda has suggested Agnikarma as a potential treatment for frozen shoulder, as it was believed to be an effective therapy for Avhahuka. Frozen shoulder and Avbahuka may present with similar symptoms and indicators, Agnikarma, a distinct technique described in Ayurvedic texts, is used to treat Avbahuka that is caused by Dhatukshayajanya vata prakopa. Therefore, the aim of this research was to examine the therapeutic effects of Agnikarma in cases of frozen shoulder in Avabahuka.

KEYWORDS: Frozen shoulder, Agnikarma, Avabahuka.

INTRODUCTION

Shoulder joint discomfort and stiffness are indicators of frozen shoulder, which is also referred to as adhesive capsulitis. Symptoms and signs usually begin gradually subsiding before getting more severe. Frozen shoulder is a condition that is more prevalent in women than in men, particularly those between the ages of 40 and 60. Furthermore, individuals with diabetes are at an increased risk of developing frozen shoulder. Ayurveda is considered to be India's traditional medicinal system that has been in practice for thousands of years to maintain people's health and treat various ailments. It is a vast ocean of mystical remedies for treating complex medical conditions. Ayurveda and Chinese medicine are two of the oldest traditional medical specialties that originated in Asia and are still prevalent today. The classical documents Ayurveda comprise descriptions of miraculous treatments, and the father of anatomy and surgery, Sushruta, has detailed the treatment of several surgical diseases in his memoir, Sushruta Samhita.

Para surgical procedures have been discussed for conditions that require operative measures to be treated. Amongst them, Ksharakarma (use of caustics), Raktamokshana (bloodletting), and Agnikarma (cauterization) are some of the techniques that are less disruptive and can take the place of surgical operations. Despite significant development in modern medicine, it has failed to provide permanent relief from certain persistent diseases. One such ailment is frozen shoulder, also known as "primary idiopathic adhesive capsulitis," which is challenging to diagnose and treatment.

Frozen shoulder is characterized by stiffness and pain in the shoulder joint and is divided into three stages: painful, adhesive, and recovery. All types of range of movements are restricted particularly external rotation is more painful to start initially then all movements become painful and restricted. Pain is particularly worst at night and it disturbs the sleep of patient a lot.^[2] Patient can't do his/her daily activity like wearing of clothes, house hold

work etc. Although the disease is self-limiting it takes a long time for complete recovery ranging from few months to 3-4 years. Therapeutic options in contemporary medicine include intra articular injections, steroids, NSAIDS, physical therapy, and arthroscopic procedures. However, none of these treatments are curative. Avabahuka and frozen shoulder may coexist with all the symptoms and indicators. Ayurvedic texts prescribe Agnikarma as one of the different techniques to treat Avbahuka, which results from Dhatukshayajanya vata prakopa. This article aims to evaluate the efficacy of Agnikarma in the treatment of frozen shoulder.

CASE REPORT

On February 11, 2026, a 52-year-old male visited the outpatient department (OPD) with complaints of pain, stiffness, and restricted movements of the left shoulder joint for the past 5 months. The onset was insidious and progressive in nature, with no history of trauma, fall, or heavy weight lifting. Initially, the patient experienced mild pain around the shoulder region, especially during overhead activities, which gradually progressed to severe stiffness and marked limitation of shoulder movements.

The pain was dull aching in nature and aggravated during night time, causing disturbed sleep. The patient also complained of difficulty in performing daily activities such as combing hair, dressing, reaching overhead shelves, and fastening clothes behind the back. Both active and passive movements of the left shoulder joint were restricted, particularly abduction and external rotation.

The patient was a bank employee and reported difficulty in writing on high notice boards and carrying office files due to pain and reduced mobility of the shoulder. There was no significant history of fever, swelling, or neurological deficits. The patient was a known case of type 2 diabetes mellitus for the past 8 years and was on regular oral hypoglycemic medications.

General Examination

Vital Examination shows no abnormality.

Systemic Examination No any significant abnormality found.

Clinical Examination of Right Shoulder Joint

Muscle Power-5/5 in both upper & lower limbs

Muscle tone-Normal.

Muscular Atrophy - Not present

Swelling-Absent

Discoloration-Absent

Stiffness-Present

Tenderness-Present+++

Restriction of range of right shoulder movements

Adduction-20"

Abduction-60°

Flexion-60"

Extension -20°

Rotation of shoulder right shoulder joint - unable to perform due to pain and stiffness.

Investigation

X-Ray Impression: Degeneration of collagen in sub synovial layer of shoulder joint.

Case management was initiated after taking informed written consent from the patient for the therapeutic procedure and publication purpose both. The patient was treated in serial manner of procedures and oral medicaments including Pachana Anulomana (regularize the digestion and motion of Dosha) Shothahara (anti-inflammatory) medicines and Pathya Ahara (therapeutic diet regimen) as systemic management for consecutive 28 days and Agnikarma by Panchadahatu Shalaka for 28 days on 7 days interval periodically.

Intervention

After obtaining the patient's informed written consent for the Agnikarma therapy procedure, case management was started. The patient received treatment in a sequential fashion using various oral medications and procedures, such as Shothahara (anti-inflammatory medications), Pathya Ahara (therapeutic diet regimen) and Agnikarma (performed by Panchadahatu Shalaka) for 28 days in three consecutive weeks at intervals of seven days.

Procedure of Agnikarma

Agnikarma was carries receipt of written informed wing were marked and the affected a piece of sterile gauze and betadine. Samyak dagdho, a therapeutic superficial skin burn, Was performed by applying many spots (Bindu Agnikarma) made of red hot Pancha dhatu shalaka to areas that were tender. Shatadouta Grita, or ghee, was applied immediately after each dot was formed and continued to be applied throughout the process. Proper precautions were taken to prevent Asamyak dagdha vrana, or burns that are in between too deep and too superficial. The burn areas were sprinkled with Haridra powder after the procedure at intervals of seven days, the entire process was carried out four times. The patient was instructed to apply the paste made of Shatadouta Grita and Haridra powder twice. During the treatment and follow-up phase, restrictions were placed on diet and activities that aggravated the Vata dosha, also known as Vata vardhak ahara-vihar followed by oral medications.

Table No. 1: Agnikarma & Medicine Chart.

Sr.No	Date	Procedure	Medicine	Dose
1	11/02/2026	Agnikarm	Cap Flexy	1 cap thrice/day
2	17/02/2026	Agnikarm	Yograj Guggulu	1tab thrice/day
3	23/02/2026	Agnikarm	Maharasnadi Kwath	15ml thrice/day
4	29/02/2026	Agnikarm		



**1st visit on
11/02/2026 severe
painful abduction
and painful lifting of
right Hand**



**2nd visit on
17/02/2026 painful
abduction and
painful lifting of
right hand**



**3rd visit on
23/02/2026 mild
painful abduction
and mild painful
right hand lifting**



**4th visit on
29/02/2026 painless
abduction and
painless lifting of
right hand**

DISCUSSION AND RESULTS

Avbahuka and frozen shoulder might coexist with all the symptoms and indicators. Agnikarma is thought To be the best parasurgical therapy to balance the vitiated Vata and Kapha doshas, which cause Avabhauka (frozen Shoulder). Agni has the qualities of Usnaguna, Thikhsna, Laghu, and Sukhsma. It influences both the Vata and the Kapha doshas. Through its Usna and Tikhsnaguna on Vata, and its Laghu, Sukhsma, Tikhsna, and Usnaguna on Kaphadosa, it works. The patient was prescribed oral

drugs for Vata kapha and Shola hara based on the Involvement of the Doshas. Pain and stiffness were reduced Agnikarma. As table No. 2 illustrates, there was highly Significant improvement in the range of movement overall. Agnikarma’s various superficial wounds healed in five To seven days. One month after therapy ended, the patient had follow-up visits. The wound’s scars disappeared Within three to four weeks, and the treatment had no adverse effects.

Table No. 2.

Sr.No	Symptoms	BeforeTreatment	AfterTreatment
1	Stiffness	Present	Absent
2	Tenderness	Present	Absent

Range of right shoulder movements

3	Adduction 0°	20°	90°
4	Abduction 60°	20°	90°
5	Flexion	60°	90°
6	Abduction	60°	90°
7	MedialRotation	Painful	Painless
8	LateralRotation	Mildpain	Painless
9	Circumduction	Notpossible	Possible

Probable Mode of Action

Agnikarma involves applying therapeutic heat To the skin's Twak Dhatu and progressively working its Way down to deeper structural levels. This would have Eventually acted to reduce Ama Dosha and Srotovaigunya, relieving symptoms of both pains. Both The epidermis and the muscle motor end plates have Pain receptors. Applying heat at roughly 45°C.

Stimulates these pain receptors. The pathways by Which temperature and pain signals are sent are nearly Parallel, yet they end in the same place. According to Samson Wright's applied physiology, only the stronger Of these two-temperature and pain can be noticed. Oral medications of yograj Guggulu 500mg, CapsFlexy and Maharasnadi quath 6] given concurrently With lukewarm water for three weeks may have helpedAgnikarma balance the Dosha and associated Pathogenesis in order to achieve the intended Outcome.

CONCLUSION

Adhesive capsulitis, commonly known as Frozen shoulder, is a prevalent condition that primarily Affects individuals in their middle age range. Agnikarma, a traditional Ayurveda technique of Thermal cauterization, has shown significant Improvement in the signs and symptoms of frozen Shoulder. The therapy has proven to be safe, simple, And cost-effective, with no observed adverse effects. It Is administered on an outpatient basis, eliminating the Need for hospitalization. However, the efficacy of AgniKarma in treating frozen shoulder requires further Investigation with a larger sample size to determine its Reliability and effectiveness.

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