

**MANAGEMENT OF FROZEN SHOULDER BY SUCHIVEDHA WITH  
AGNIKARMA (THERAPEUTIC CAUTERIZATION): A CASE STUDY****Dr. Nikhil P. Kamdi\*<sup>1</sup> Dr. M. J. Qadri<sup>2</sup> and Dr. S. R. Giri<sup>3</sup>**

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**ABSTRACT**

Frozen shoulder also known as Periarthritis or Adhesive capsulitis typically occurs in three stage cycle. Although the disease mostly found in diabetic patients. Frozen shoulder is the self limiting disease. It takes a long period for recovery. Pain and restricted movement of shoulder joint is the most suggestive symptoms of frozen shoulder. It's found more in male than female. There are several treatments in modern science in the form of drugs and surgical intervention. In *Ayurveda* the disease frozen shoulder can be correlated with *Avabahuka*. In this condition *vata* and *kapha dosha* dries up the ligament and constrict *snayu* and causes *Avabahuka*. In *ayurveda* various parasurgical procedure were mentioned for vat and kapha

dosha in Suchivedha and Agnikarma may release vatavarodh and ultimately pain will be decreased. So that has been recommended in various musculoskeletal disorders. Hence a case study was conducted to evaluate the efficacy of *Suchivedha* with *Agnikarma* in frozen shoulder.

**KEYWORDS:** Agnikarma, Suchivedha, Avabahuka, Frozen shoulder.

**INTRODUCTION**

Frozen shoulder also known as adhesive capsulitis is disabling disease of shoulder joint characterized by pain, stiffness and limited function of the glenohumeral joint which is

adversely affect the shoulder joint movement. Its disease of idiopathic etiology affecting up to 5% of the world population,<sup>[1]</sup> and it affects the glenohumeral joint motion without any anatomical abnormality,<sup>[2]</sup> mainly chronic inflammatory reaction occurs in sub synovial tissue, resulting in capsular and synovial thickening.<sup>[3]</sup> Clearly non existence of synovial fluid in glenohumeral joint and scar tissue formation in the fibrous capsule, encircling the shoulder joint and causing it to compress thickened and contracted capsule, thickening and contraction of capsule adherent to the humeral head called as adhesive capsulitis.<sup>[4]</sup> Pain may more intensify at night. Pain may cause sleep disturbance.<sup>[5]</sup> Frozen shoulder majorly seen in middle age group of people and usually self limiting.<sup>[6]</sup> However risk factors include prolonged immobilization, diabetic patients, shoulder trauma, surgery, middle age group people (40 -60) or may be associated with another condition such as rotator cuff injury, thyroid disease,<sup>[7]</sup> etc.

### Clinical Presentation

Three phases of frozen shoulder

- 1. Painful phase:** The nature of pain is gradually onset, diffuse at first, hard to localize it, and then remain over a period of month and more intense at night.
- 2. Stiffening phase:** first stage generally followed by gradually loss of motion shoulder, which can last up to 4 to 12 months. It is the prolonged stage in three stages and pain become dull in nature and sometimes more intensive at the extreme movement.
- 3. Thawing phase:** The final stage is the stage of recovery of the shoulder movements or thawing without any treatment, which is variable up to week or months.<sup>[8]</sup>

### CASE STUDY

A male patient of age 49 years came to OPD of *shalyatantra* department GAC Osmanabad having complaining of restricted movement of Rt. Shoulder joint, severe pain and stiffness in the last one month. There is no history of any physical injury or trauma, pain was intermittent and pain decreases after hot fermentation, in general examination patient was k/c/o HTN with DM-II on regular treatment and positive history of smoking. This patient was on regularly daily exercised and reported sedentary lifestyle near about 7-9 hours of sitting position per day. Past family medical history was non contributory. Now since few days patient having complained of pain in the right shoulder worsens at night. He was unable to perform even small movement, for that he was consulted with physiotherapist and received treatment for one month regularly physiotherapy but didn't get any relief. He also consulted with Orthopedician and took treatment for 15days but not get significant relief.

**Examination of the shoulder joint**

Muscle tone – normal

Swelling- mild

Temp – increased

Hyper laxity of joints)

Deformity- Not found

Tenderness – Soft tissue

Crepitus – Not found (No any Scar, Sinus,

**Test**

1. Drop arm test- Positive
2. ER / IR – Gross restriction of both active and passive movement
3. AC joint pain test – Positive

**Investigation**

Hb- 13 gm%, TLC-8100/ cumm, ESR- 13mm BSL- FS- 136mg/dl PP- 190 mg/dl

HIV/ HBsAg /ECG – NORMAL

X ray Shoulder joint – degeneration of collagen in synovial layer, glenohumeral joint space reduced with osteoporotic changes

Movements of shoulder joint

**Abduction- 60<sup>0</sup>****Lateral rotation- 25<sup>0</sup>****Adduction- Painful****Flexion –55<sup>0</sup>****Medial rotation – not possible****MATERIAL AND METHODS**

After clinical examination patient was treated by *Suchivedha* with *Agnikarma* (Therapeutic cauterization) and oral medication of *Shatavari* and *Ashwagandha* powder 5gm with milk for 1 week.

**Procedure** (*Suchivedha* with *Agnikarma*)

Instrument- Disposable needle no. 26, Cautery, Spirit swab Duration – 7days.

- Written informed consent taken after explaining whole procedure AAP cleaning done

with spirit swab.

- After that Needle prick over most painful and tender points and then *Agnikarma* was done by putting red hot cautery at the base of pricked needle for 2sec. as soon as it sounded like “chit” it was withdrawn from needle.
- After cauterization it smells of typical skin burning. After completion of procedure needle removed from affected site and cleaned with spirit swab.



Spirit swab + needle no. 26

## RESULTS AND OBSERVATIONS

Frozen shoulder (Avbhahuka) is a disease where the movements of shoulder joint painful and restricted. It's self limiting disease and produced by vat and kapha dosha, so Suchivedha with Agnikarma is the best procedure to expelled the vitiated dosha. To know more about Suchivedha, we must have to know concept of siravedha that sira always carry all dosha.<sup>[9]</sup> When siravedh is performed, vitiated dosha come out first as explained by sushruta.<sup>[10]</sup> The same mechanism can be applied in suchivedha. In suchivedha very less amount of blood oozes out. It may be sufficient for expel the vitiated dosha. After that Agnikarma (Therapeutic caturization) also work on vata by its Ushna and Tikshna guna and kapha dosha by laghu, tikshna and Sushma Guna.<sup>[11]</sup>

After the treatment resulting in pain and stiffness was decreased and overall movements of shoulder joint was increased as follows:

Abduction –  $110^{\circ}$  ( $+55^{\circ}$ )

Flexion -  $130^{\circ}$  ( $+80^{\circ}$ )

Lateral rotation-  $60^{\circ}$  ( $+35^{\circ}$ )

**Medial rotation – mildly improved****Adduction- Smooth with less pain**

In present case patient got 50% relief on first day immediately after *Suchivedha with Agnikarma* but restriction of shoulder joint not significantly reduce and after Commencement of seven days treatment it was 70 – 80% improvement in shoulder joint. Above procedure shows immediate results and minimal recurrence rate in frozen shoulder.

### **Mode of Action**

In the process of *Suchivedha with Agnikarma*, by needle no. 26 taking a multiple prick over affected shoulder joint over tender region and after that transferred of therapeutic heat to deeper level of skin by Therapeutic cauterization and this results in reducing inflammation by acting on pain stimuli and blood circulation, Hence resulted in reduction of pain. Pain receptors are located in subcutaneous tissue of skin. This pain receptor are stimulated by transforming heat at about 450C and also dilation of local capillaries which results in improvement of blood supply, results sweeping away pain and restricted movement of shoulder joint.

### **CONCLUSION**

Frozen shoulder is most common problem which affect mostly in middle age group of peoples. After *Suchivedha with Agnikarma* is highly effective in the management of frozen shoulder in short period of time. Procedure was simple and no any side effect observed during treatment. This study demonstrates the treatment which improves the speed of recovery of frozen shoulder, cost effective with minimal recurrence rate; study provides a data particularly for those patients not responding to traditional and other treatment.

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