

Therapeutic potential of Atasi Upanaha in treating Avabahuka (Frozen Shoulder): A Case Report

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Avabahuka, a Vatavikara described in Ayurveda, is a shoulder joint condition characterized by Shool (localized pain), Stabdhata (stiffness), and Bahupraspandithara (restricted range of motion-ROM). In modern medicine, it closely aligns with frozen shoulder (adhesive capsulitis). While various conventional treatments, including physical therapy, NSAIDs (Non-steroidal Anti-inflammatory drugs), steroids, and surgical interventions, are available, managing the condition remains challenging, particularly when conservative approaches fail. Ayurveda offers promising solutions through its Vatavikara Chikitsa principles, employing therapies such as exercise, Agnikarma, Nasya, Marma therapy, Snehana (therapeutic oil application), Abhyanga (massage), and Upanaha (Poultice). This case report emphasizes the therapeutic potential of Atasi Upanaha (flaxseed poultice) in combination with Ayurvedic medicines for managing Avabahuka. The Upanaha (poultice), prepared using Ayurvedic methods with Atasi seed powder, Eranda oil (*Ricinus communis*), Saindhava salt, and Eranda Patra, was applied warm to the shoulder for four hours daily. This intervention resulted in significant pain relief and improved ROM, demonstrating its efficacy and highlighting its value as a complementary treatment.

Keywords: Adhesive capsulitis, Atasi, Avabahuka, Ayurveda, Frozen shoulder, Upanaha (poultice)

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Introduction

Ayurveda provides detailed descriptions of various diseases caused by imbalances in the *Vata*, *Pitta*, and *Kapha* *Doshas*. *Avabahuka* is described in *Sushruta Samhita* and categorized as a *Vāta Vyādhi* (a disorder caused by aggravated *Vata*).^[1] *Avabahuka*, affects the *Ansha Sandhi* (shoulder joint), manifesting as *Shoola* (localized pain), *Stabdhatta* (stiffness), and *Bahupraspandithara* (restricted range of motion-ROM).^[2] Its clinical presentation closely resembles Frozen Shoulder (FS), common musculoskeletal disorder.^[3] Current treatment approaches for frozen shoulder include physical therapy, NSAIDs, oral corticosteroids, corticosteroid injections, and surgical interventions (e.g. manipulation under anesthesia, hydro dilation, Arthroscopic capsular release).^[4]

However, these methods may not always provide satisfactory outcomes, leading to a growing interest in alternative therapies. In Ayurveda, *Atasi* (*Linum usitatissimum* Linn.),^[5] a common drug described in Ayurveda in Bhavaprakash, commonly known as Flaxseed (Linseed, Common Flax), is valued for its *Shothahara* (anti-inflammatory) and *Vedanas-thapaka* (analgesic properties). The *Atasi* have *Madhur-Tikta Rasa*, *Guru Snigdha-Picchila Guda*, *Ushana Veerya*, and *Katu Vipaka*. *Atasi Upanāha*,^[6] a warm flaxseed poultice, is an external therapeutic intervention mentioned in Ayurvedic texts for its ability to reduce inflammation and relieve pain. This case report evaluates the effectiveness of *Atasi Upanāha* in managing *Avabahuka*.

Case Report

A 52-year-old male presented with complaints of *Shool* (pain), *Stabdhatta* (stiffness), and restricted movement in the left shoulder for three months. The symptoms developed gradually, with no history of trauma. The patient reported difficulty performing daily life activities, occupations, such as bathing, combing hair and dressing. Patient have history of diabetes mellitus and is on regular tablet Metformin 500 mg daily as prescribed by some doctor.

Examination and Diagnosis

General and physical examinations, including vital signs (general condition, pulse rate, blood pressure, temperature, and SpO₂), were normal.

The central nervous system cardiovascular system, respiratory system, and gastrointestinal system showed no abnormalities. Locally, patient exhibited pain, tenderness, and restricted movement in the left shoulder joint, while the right shoulder joint functioned normally. On physical examination, tenderness without any swelling was observed over the anterior and lateral aspects of the left shoulder joint. The range of motion (ROM) feels restriction, particularly in abduction and external rotation. Pain was rated as 8/10 on the Visual Analog Scale (VAS).^[7] Based on these clinical features, the patient was diagnosed with *Avabahuka* (frozen shoulder) of *Ansha Sandhi* (left shoulder joint).

Investigations

Blood investigations, including Complete blood count, Liver function test, Kidney function test, and coagulation profile, were within normal limits. Tests for HIV and Hepatitis B were non-reactive. Despite the patient's diabetes, fasting blood sugar (FBS) was 130 mg/dl, and HbA1C was 6.6%, indicating good glycemic control. X-ray imaging of the left shoulder joint in antero-posterior and lateral views revealed normal structural findings.

Intervention

The patient was advised *Atasi Upanāha* therapy for 7 consecutive days. The procedure involved preparation and application of *Atasi Upanaha* (flaxseed poultice) and the administration of Ayurvedic medicines. Flaxseeds were powdered and mixed with warm Eranda oil (*Ricinus communis*) to form a paste, to which *Saindhava Lavana* (rock salt) powder was added to enhance its therapeutic effects. The paste was applied to left shoulder, covered with a clean *Eranda Patra* (*Ricinus communis*), and apply gentle bandage. The poultice was kept in place for four hours daily and carefully removed before drying. Alongside poultice, patient was prescribed Ayurvedic medicines, including *Saptavinshati Guggulu* (2 tablets twice daily), fresh prepared *Dashmool Kwath* (40 ml twice daily), *Ksheerbala* oil for local application (quantity sufficient twice daily), and *Anu Taila Nasya* (2 drops in each nostril twice daily). The patient was also advised to practice pendulum exercise and adhere *Pathya-Apathya* (diet & lifestyle). Follow-up assessments were conducted before and after seven-days therapy to evaluate improvements in pain, stiffness, and range of motion (ROM).

The clinical photographs of application of *Atasi Upanaha* are shown in Figure no. 1.

Timeline of events: The detail timeline of events mentioned in Table no. 1

Table 1: Timeline of Events

Date	Events	Remarks
27-08-2024	First visit at CBPACS for consultation	Tablet Saptavinshati Guggulu (2 tablets twice daily), fresh prepared
03-09-2024	Second visit at CBPACS for consultation	Dashmool Kwath (40 ml twice daily), Ksheerbala oil for local application (quantity sufficient twice daily), and Anu Taila Nasya (2 drops in each nostril twice daily)
10-09-2024	Third visit at CBPACS for consultation	
24-09-2024	Admitted in Shalya ward of hospital for Atasi Upanaha	Date of IPD admission
24-09-2024 to 01-10-2024	Patient is in ward for Atasi Upanaha therapy and evaluation and assessment	Duration of IPD care
24-09-2024 to 30-09-2024	Daily Atasi Upanaha applied at Left shoulder region	Total 7 days Atasi Upanaha applied at Left Shoulder region.
01-10-2024	Patient discharged from IPD	Advice the conservative medicine after discharge for 7 days
08-10-2024	Patient is on same conservative medication, exercise and dietary advice	First follow up after 7 day from discharge
16-10-2024	Patient is on same conservative medication, exercise and dietary advice	Second Follow up after 7 days
17-12-2024	No medication, only diet and exercise as advised.	Third Follow up after 2 month, patient have no symptoms

Table 2: Subjective and Objective assessment

Assessment parameter		Before therapy	After therapy
Subjective	Pain	8/10	0/10
Pain (as on VAS scale)			
Objective (Range of motion ROM) - Measured by Digital Goniometer	Flexion	40 degree	160 degree
	Extension	20 degree	50 degree
	Abduction	40 degree	120 degree
	Internal rotation	40 degree	50 degree
	External rotation	20 degree	40 degree
	Circumduction	Painful and difficult	Painless and easy

Assessment criteria: Subjective and objective parameter of assessment criteria with their findings are mentioned in Table No 2.



On first day: Abduction



On first day: Extension



On 2nd day: Abduction



Atasi Upanaha application



On 3rd day: Abduction



On 3rd Day: Extension

Figure 1: Clinical photographs of application of Atasi Upanaha

Results

The treatment modality results significant reduction in *Shool* (pain), *Vedana* (tenderness) and *Stabdhata* (stiffness) as VAS score reduced to zero, tenderness had resolved completely. By the end of the 7-day treatment period, there was marked improvement in range of motion, with abduction, extension and external rotation showing the most important gains (Table no. 2).

The patient now able to perform his daily routine as well as occupational activities with ease. In entire treatment duration no adverse effects were reported.

Discussion

Atasi Upanāha application shows significant outcomes in managing *Avabahuka* (frozen shoulder) by addressing the root cause - *Vata* imbalance and *Stabdhata* (muscular stiffness). Flaxseed (*Linum usitatissimum*), [8] known for its high content of oil, omega-3 fatty acids and lignans, provides anti-inflammatory effects that help ease pain and support joint mobility. The use of *Eranda* oil [9] combined with *Saindhava Lavana* enhanced the poultice's penetration and nourished the joint tissues more effectively.

The *Ushna* (warmth) generated by the poultice promoted better blood circulation, relieved *Vata* blockages, and facilitated healing. *Saptavinshati Guggulu*, [10] a poly-herbal formulation, acts as a potent anti-inflammatory agent and is beneficial in treating various inflammatory conditions. *Dashmool Kwath* [11] aids in reducing inflammation in muscles and joints, while also balancing the *doshas*. *Ksheerabala* Oil, [12] an Ayurvedic herbal preparation, helps strengthen muscles and its topical application helps alleviate pain by calming aggravated *Vata*.

Anu Taila, administered nasally (*Nasya*), [13] is effective in relieving pain in upper body regions (*Urdhwa-Jatrugata*). This case underscores *Atasi Upanāha* as a promising, non-invasive, and economical option for treating *Avabahuka*. Additionally, pendulum exercises [14] contributed to better shoulder movement by loosening the joint. Conservative treatment with Ayurvedic medicines helped in reducing inflammation and pain associated with *Avabahuka*.

However, further research with larger sample sizes is essential to validate these findings.

Conclusion

Atasi Upanāha therapy, when used alongside Ayurvedic medications, presents a promising and holistic approach for the management of *Avabahuka* (frozen shoulder). The treatment demonstrated significant improvements in reducing pain, alleviating stiffness, and enhancing shoulder mobility, without any observed side effects.

Its integration with Ayurvedic medicines makes it a cost-effective and comprehensive option for managing musculoskeletal conditions.

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