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### Evaluate the Efficacy of the Treatment Regimen Practiced in the *Arangala* Traditional Medical System in the Management of *Avabahuka* (Frozen Shoulder): A Case Study

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#### Abstract

The disease condition “*Avabahuka*” mentioned in Ayurveda, can be correlated with “Frozen Shoulder,” a condition mentioned in the allopathic medical system, which is associated with the signs of shoulder joint discomfort and stiffness. It is characterized by discomfort that lingers for at least two months after the initial stage of the sickness and a restricted range of motion. The prevalence of this condition in the general community is 2-5% of people. For diabetics, in 6–17% of people, the second shoulder can be affected after the first one recovers. This study aimed to assess the efficacy of the treatment regimen practiced in the *Arangala* traditional medical system, for *Avabahuka*. A female patient, age 50, presented to the *Arangala* Medical Center with symptoms of discomfort, stiffness, and restricted movement in the left shoulder joint over one year. No

abnormalities in the respiratory, cardiovascular, or central nervous system activities were discovered during a systemic evaluation. The local examination revealed a little soreness in the left shoulder joint. Using a grading system for clinical criteria such as mobility limitation, discomfort, stiffness, crepitus noises, and muscle atrophy, responses to the therapies are assessed. Along with workouts, she was recommended to have internal and external therapy. Changes in the symptoms were noted after two months. The patient's clinical features improved favourably. The *Arangala* traditional medical system showed promising results in treating *Avabahuka*, providing notable symptomatic relief. However, further research with a larger study group is needed to generalize the findings.

**Keywords:** *Arangala Veda Paramparawa*, *Avabahuka*, Case Study, Frozen Shoulder

#### Introduction

Traditional medical practices worldwide have evolved with human evolution to find remedies for daily accidents and diseases. Sri Lanka, for 2500 years, has developed advanced traditional medicine and skilled doctors involved in advanced treatments, with several ancestries continuing their special “*Deshiya Chikitsa*” field.

- “*Kedum Bindum Wedakama*”- Orthopedics treatments.
- “*Deum Pilissum Wedakama*”- Treatments for Burns.
- “*Gedi Wana Pilika Wedakama*”- Boils, Wounds and Cancer treatments.
- “*Unmada Wedakama*”- Treatments for Psychiatric conditions.
- “*Visha Wedakama*”- Toxicology.
- “*As Wedakama*”- Ophthalmology.

Sri Lankan traditional physicians cure or successfully control many diseases through herbal medicine. The Sri Lankan flora being very rich and diverse, has contributed to the indigenous population accumulating a vast heritage of traditional healing with medicinal plants (Edwards *et al.*, 2022) <sup>[1]</sup>. *Arangala* traditional medical system was very popular for traditional

orthopedic medicine with effective treatment modalities. Various types of *Paththu* (medicinal paste), *Mallum* (special medicinal preparation made with fresh leaves), *Thavili* (the sudation performed by a specially prepared bundle of herbal ingredients), *Thel Kira* (a special traditional oil preparation with coconut milk and other herbal ingredients for the healing of the bone fractures), and oils were used as external applications for fracture healing and related injuries in addition to internal medicines of decoctions with specific *Pathyapathya* (wholesome and unwholesome foods and regimens) (Kumarasinghe, 1984a). Hence, an attempt was made to review the treatment regimen used in the *Arangala* traditional medical system for *Avabahuka* (frozen shoulder). Acharya Susrutha first described *Avabahuka*, as a shoulder condition causing stiffness and limited hand movement (Kumarasinghe, 1984b), (Buddhasa, 1962)<sup>[4]</sup>. The term "frozen shoulder" was first used by Codeman. *Avabahuka* affects 2% to 5% of the general population (Sarasua *et al.*, 2021)<sup>[5]</sup>. This study evaluates the efficacy of traditional *Arangala* medical practices in managing *Avabahuka*.

*Avabahuka* is a major disease in Ayurveda, caused by the vitiation of *Vata Dosha* (a disease caused by vitiation of *Vata Dosha*). It typically affects the shoulder joint. Although not included in Acharya Sushruta's *Nanatmaja Vata vyadhi* (diseases are those which are caused by the vitiation of *Vata dosha* only), it is considered a *Vata vyadhi*. *Avabahuka* is a stiff shoulder, causing physiological separation and mobility restrictions. However, *Dhatukshaya* (Decrease or depletion of body tissues) and *Sanshrushta dosha* (*Vata dosha* covered by another *dosha*) can be used to interpret the exact etiology of *Avabahuka*. *Avabahuka* is characterized by *Ansha sandhi shoala* (pain), *Stabdhatata* (stiffness), *Shosha* (muscle wasting), and *Bahupraspandithara* (reduced range of motion) in *Ansha Pradesha* (shoulder region). The pathological presentation of *Ansha marma* (one of the *Snayu marma* situated in the shoulder region) is similar to that of *Avabahuka* (Samhita, 2024)<sup>[7]</sup>. *Avabahuka* can be associated with two main causes: *Bahya hetu* (external causes), which causes injury to vital body parts, and *Abhyantara hetu* (internal causes), which involves indulging in factors that aggravate *Vata*, leading to vitiation. *Ahara hetu* (causes related to improper dietary habits)- *Katu*, *Tikta*, *Kashaya rasas* (foods with pungent, bitter, and astringent tastes), *Laghu*, *Sukshma*, and *Sheeta guna* (lightness, minuteness, and coldness) cause vitiation of *Vata*. *Vihara hetu* (causes related to improper behaviors) such as *Athi-vyayama* (excessive exercises), *Plavana* (swimming for more than 40minutes), *Bharavahana* (carrying heavy loads), *Balawat Vighraha* (wrestling with a more powerful person), and *Dukha Shaya* (improper posture in bed), can also cause *Vata kopa* (vitiation of *Vata dosha*) and disease formation. Although a specific external cause is not mentioned, general factors for *Vata prakopa* (aggravation of *Vata dosha*) should be analyzed. Vitiation of the *Vata* can occur through various factors, such as etiological factors like *Ruksha* (roughness), *Laghu* (lightness), and *Atibharavahana* (excessive exercise), or *Kapha prakopaka nidana* (causes for vitiation of *Vata* and *Kapha dosha*) like taking *Atisnigdha* (excessive oiliness) and *Atiguru dravya* (excessive heaviness) (Das, Ganesh, Mishra, & Bhuyan, 2010)<sup>[6]</sup>.

*Srotas*, or transporting passages of *Dhatu*(tissues) are essential for the growth and transformation of corporeal

entities. They are derived from the root *Su Sravano*, meaning "to exude, ooze, filter, permeate." Charaka describes the features arising out of abnormalities due to the structure or function of these *Srotas*, which is referred to as *Srotodushti* (Negi, 2018).

The *Vikruta Vata Dosha* (abnormal *Vata Dosha*) accumulates in bio channels and causes symptoms similar to abdominal tightness. In aggravated states, it causes pain and movement restrictions. *Prasaraavastha* (Spread out through body channels) can cause flatulence. *Ashukaritva* (quickly spread), a *Vata* illness, presents quickly, making the six stages of pathogenesis unclear. *Dosha dushyasammurchana* (an amalgamation of vitiated doshas), the amalgamation of vitiated doshas, occurs in specific body organs where *Kha Vaigunya* (vitiation of channels) has occurred. This occurs in *Amsa Sandhi* in cases of *Sthanasamsraya Avastha* (localization of dosha in different sites), and localization of dosha in different sites (Parate, Vyas, Baghel, & Yadav, 2023).

Ayurvedic classics provide various treatments for *Vatavyadhi*, including *Snehana* (oleation), *Swedana* (sedation), *Mrudusamshodhana* (purgation), *Basti* (enema), and *Sirobasti Nasya* (Errhine Therapy). Each patient should receive specific therapies based on their location and *Dushya* (waste products). Three major approaches are used to manage *Vata vyadhi*: *Kevala Vata* (disease caused by *Vata dosha*), *Samsrusta Vata* (*Vata dosha* associated with other *dosha*), and *Avruta Vata* (*Vata dosha* covered by another *Dosha*). The many therapeutic options for *Avabahuka* include *Snehana* (oleation), *Upnaaha* (poultice), *Agnikarma* (heat therapy), *Bandhana* (bandaging), *Mardana* (deep tissue Ayurvedic massage), *Nasya* (instillation of medication through nostrils), Physiotherapy, *Marma* therapy (vital points), and *Vata shamaka chikitsa* (*Vata* pacifying treatments) (Das, Das, & Borah, 2018), (Das *et al.*, 2010b)<sup>[8]</sup>.

Modern science has identified several clinical conditions similar to *Avabahuka*, including peri arthritis, frozen shoulder, subacromial bursitis, painful shoulder, bicipital tendinitis, osteoarthritis of the shoulder joint, and brachial plexus neuropathies. Periarthritis frozen shoulder, or adhesive capsulitis, is characterized by restricted glenohumeral motion due to degeneration and focal necrosis of the supraspinous tendon. Pain and stiffness of the shoulder joint are the main symptoms, leading to inability or loss of function (Hebbar, 2022).

### Aims and Objectives

To study the efficacy of the treatment protocol used in the management of *Avabahuka* in the *Arangala* traditional medical system (Das *et al.*, 2010)<sup>[6]</sup>.

### Methodology

- A female patient age 50 who consulted the *Arangala* Medical Center was selected for the study.
- Assessments of the effect of treatment were done based on the changes in signs and symptoms before and after the treatment by using a previously published grading scale for clinical features.

### Dosage and duration of the treatment regime

1. Internal Treatments for 7 weeks
  - *Kashaya* (Decoctions)– ½ of Patha (120ml) Morning and evening before meals

- *Guli* (Pills) – 2 tablets, Morning and night after meals
- *Churna* (Powders) – 5g, Morning and night after meals
- *Kalka* (Pastes)- 250mg, Morning and evening after meals.
- *Paththu* (medicinal paste) and *Mallum* (special medicinal preparation made with fresh leaves) – applied once every two days.
- *Peni Paththu* (Medicinal paste made with treacle)- applied once every three days.

2. External Treatments for 7 weeks

**Table 1:** Treatment regime

Week	<i>Kashaya</i> (Decoction)	<i>Guli/ Kalka/Churna</i> (Pills/Paste/Powder)	<i>Thewilla</i> (the sudation performed by a specially prepared bundle of herbal ingredients)	<i>Paththu</i> (medicinal paste)/ <i>Mallum</i> (special medicinal preparation made with fresh leaves)/ <i>Peni paththu</i> (Medicinal paste made with treacle)	<i>Thaila</i> (Oil)
1	<i>Nirgundhi Lashunam</i> decoction (Hebbar, 2023) <sup>[9]</sup>	<i>Hingwashtaka churnaya</i> and <i>Manibadra churnaya</i> (Hettiarachchi, 2017), (Hebbar, 2021) <sup>[11]</sup>	<i>Siyabala kola thewilla</i>	<i>Kobbe kola melluma</i>	<i>Sarshapa Karpuradi Thaila</i> (Department of Ayurveda, 1994) <sup>[12]</sup>
2	<i>Lunu inguru</i> decoction(Dissanayake, 2011) <sup>[13]</sup>	<i>Hingwashtaka churnaya</i> and <i>Manibadra churnaya</i>	<i>Siyabala kola thewilla</i>	<i>Ketakela pattuwa</i>	<i>Sarshapa Karpuradi Thaila</i>
3	<i>Danti mula</i> decoction (Department of Ayurveda, 1976)	<i>Yogaraja guggulu</i> and <i>Triphala churnaya</i> (Hettiarachchi, 2017), (Department of Ayurveda, 1976)	<i>Olinda kola thewilla</i>	<i>Magulkarada melluma</i>	<i>Vata viduranga Thaila</i> (Department of Ayurveda, 1976)
4	<i>Rasna 13</i> decoction (Department of Ayurveda, 1976)	<i>Yogaraja guggulu</i> and <i>Triphala churnaya</i>	<i>Olinda kola thewilla</i>	<i>Kahata pothu pattuwa</i>	<i>Vata viduranga Thaila</i>
5	<i>Dashamuli balairanda</i> decoction (Nigam, Sanjeev, & Gupta, 2021) <sup>[19]</sup>	<i>Navarathna kalkaya</i> (Waidyaratna, 1927) <sup>[20]</sup>	<i>Mee pothu harankaha thewilla</i>	<i>Pupula kola melluma</i>	<i>Maha narayana Thaila</i>
6	<i>Mashatmagupta</i> decoction (Hettiarachchi, 2017)	<i>Navarathna kalkaya</i>	<i>Mee pothu harankaha thewilla</i>	<i>Val ambha pattuwa</i>	<i>Ashwagandha Thaila</i> (Hettiarachchi, 2017)
7	<i>Mashatmagupta</i> decoction	<i>Navarathna kalkaya</i>	<i>Thala Udu Amukkara thewilla</i>	<i>Aralu pethi puwak adi pattuwa</i>	<i>Ashwagandha Thaila</i>

**Ingredients of external applications**

**Table 2:** *Mellum*

<i>Kobbe Kola Melluma</i>	<i>Magul karada melluma</i>	<i>Pupula kola melluma</i>
Leaves of <i>Allophylus cobbe</i> Leaves of <i>Tylophora pauciflora</i> Leaves of <i>Asparagus racemosus</i> Bark of <i>Bridelia retusa</i> Rhizome of <i>Curcuma longa</i> Grind and fry with sesame oil.	Bark of <i>Pongamia pinnata</i> Bark of <i>Adenanthera pavonina</i> Leaves of <i>Asparagus racemosus</i> Bark of <i>Bridelia retusa</i> Rhizome of <i>Curcuma longa</i> Grind and fry with sesame oil.	Leaves of <i>Vernonia zeylanica</i> (L.) Less. Bark of <i>Adenanthera pavonina</i> Leaves of <i>Asparagus racemosus</i> Bark of <i>Bridelia retusa</i> Rhizome of <i>Curcuma longa</i> Grind and fry with sesame oil.

**Table 3:** *Thevilla*

<i>Siyabala kola thevilla</i>	<i>Olinda kola thevilla</i>	<i>Mee pthu harankaha thewilla</i>	<i>Thala amukkara thewilla</i>
Leaves of <i>Tamarindus indica</i> Stem bark of <i>Moringa oleifera</i> Lam. Rhizome of <i>Allium sativum</i> L. Rhizome of <i>Curcuma longa</i>	Leaves of <i>Eucalyptus</i> Leaves of <i>Asparagus racemosus</i> <i>Belathana</i> Rhizome of <i>Allium sativum</i> L. Rhizome of <i>Curcuma longa</i> Dried endocarp of <i>Cocos nucifera</i> (L.)	Stem bark of <i>Madhuca longifolia</i> Rhizome of <i>Curcuma zedoaria</i> (Christm.) Roscoe. Seeds of <i>Sesamum indicum</i> Rhizome of <i>Curcuma longa</i> Dried endocarp of <i>Cocos nucifera</i> (L.)	Seeds of <i>Sesamum indicum</i> Seeds of <i>Vigna mungo</i> <i>Amukkara ala</i> Rhizome of <i>Allium sativum</i> L. Rhizome of <i>Curcuma longa</i> Dried endocarp of <i>Cocos nucifera</i> (L.)

**Table 4:** *Paththu*

<i>Pattu</i>	<i>Ketakela pattu</i>	<i>Kahata pothu pattu</i>	<i>Valaamba pattu</i>	<i>Aralu pethi puwak adi pattu</i>
Decoction	Stem bark of <i>Bridelia retusa</i> Stem bark of <i>Connarus monocarpus</i> Stem bark of <i>Mimusops</i>	Stem bark of <i>Careya arborea</i> Stem bark of <i>Lannea coromandelica</i> Stem bark of <i>Bridelia retusa</i> Stem bark of <i>Adenanthera</i>	Stem bark of <i>Mangifera zeylanica</i> Stem bark of <i>Ficus racemosa</i> Stem bark of <i>Artocarpus heterophyllus</i> Lam.	

	<i>elengi</i> Stem bark of <i>Syzigium cumini</i>	<i>pavonina</i>	Stem bark of <i>Bridelia retusa</i>	
<i>Churna Dravya</i> (powdered herbal materials)	Condense extract of <i>Aloe vera</i> Extract taken from <i>Acacia catechu Willd.</i> Seed coat of <i>Terminalia chebula</i> Ash deposit in the chimney Seeds of <i>Entada pursaetha</i> . Seeds of <i>Bonduc canadense</i> Medik.	Condense extract of <i>Aloe vera</i> Extract taken from <i>Acacia catechu Willd.</i> Seed coat of <i>Terminalia chebula</i> Ash deposit in the chimney Seeds of <i>Entada pursaetha</i> . Seeds of <i>Bonduc canadense</i> Medik.	Condense extract of <i>Aloe vera</i> Extract taken from <i>Acacia catechu Willd.</i> Seed coat of <i>Terminalia chebula</i> Ash deposit in the chimney Seeds of <i>Entada pursaetha</i> . Seeds of <i>Bonduc canadense</i> Medik.	Seed coat of <i>Terminalia chebula</i> Fruit of <i>Areca catechu L.</i> Dried resin of <i>Shorea oblongifolia</i> Condense extract of <i>Aloe vera</i> Extract taken from <i>Acacia catechu Willd.</i>
Additional materials	Coconut treacle Palm syrup White raw rice flour	Coconut treacle Palm syrup White raw rice flour	Coconut treacle Palm syrup White raw rice flour	White raw rice flour, a white portion of egg, and bee's honey

**Patient assessments**

Assessments of the effect of treatment are done based on the relief of parameters through suitable statistical methods and changes in signs and symptoms before and after the treatment.

**Parameters**

Responses to the treatments are evaluated using a previously published grading scale for clinical features. The grading of the signs and symptoms of bone fractures and related disorders in *Avabhahuka* is given below.

**Table 5:** The grading method used to assess the symptoms

Symptoms	Definition	Grading
Restriction in movements	Can do work without being affected	0
	Can do strenuous work with difficulty	1
	Can do daily routine work with great difficulty	2
	Cannot do any work	3
Pain	Not at all	0
	Mild pain can do strenuous work with difficulty	1
	Moderate pain, difficulty in moving, can lift only with support	2
	Severe, unable to lift	3
Stiffness	No stiffness	0
	Mild, has difficulty moving the joint	1
	Moderate, has difficulty in moving, can lift only with support	2
	Severe, unable to lift	3
Crepitus sounds	Not at all	0
	A palpable crepitation's	1
	Audible from a little distance	2
Wasting of the muscles	No wasting	0
	Mild wasting can do work	1
	Moderate wasting works with difficulty	2
	Severe wasting, cannot move	3
Vitiation of <i>Srotas</i> (channels) (Such as pain, stiffness, restriction in movements)	No symptoms	0
	The presence of only one symptom	1
	Presence of two symptoms	2
	Presence of more than two symptoms	3

**Before Treatment**

Restriction in movements, pain, stiffness, crepitus sounds, and wasting of the muscles of the affected area were measured by using the grading system.

**After Treatment**

After 7 weeks, the patient was subjected to a necessary comparison of; restriction in movements, pain, stiffness, crepitus sounds, and the wasting of the muscles of the affected are measured by the grading system.

**Case study**

A 50-year-old female patient who worked as a tailor complained of pain, stiffness, and restricted motion in her

left shoulder joint for one year. She spent 20 years working as a tailor. She initially experienced some little discomfort in the left shoulder joint, which then rapidly worsened. After a few months from the beginning, stiffness and mobility restrictions appeared. She did not receive ongoing therapy for this condition, though she occasionally used painkillers when the discomfort got worse.

**Chief complaint-** Pain, stiffness, and restricted motion in her left shoulder joint for one year

**Other complaints** – On and off constipation for 6 months  
Detention of the abdomen for 1 week  
Loss of appetite for 1 week



**Personal history**

- Appetite-Loss of appetite
- Diet-Mixed type, not taken in proper time
- Sleep-Reduced for 6 months due to unbearable pain
- Addiction-Not found
- Bath- daily in the evening with cold water.

**Family history**

No related family history

- Maternal-not specific
- Paternal-not specific.

**Marital status-** Married; 1 son 1 daughter.

**General examination**

- Pallor: Absent
- Icterus: Absent
- Clubbing: Absent
- Cyanosis: Absent
- Lymphadenopathy: Absent
- Edema: Absent.

**Vital Examination**

- BP – 120/70 mm of Hg.
- Pulse Rate: 74bpm
- Respiratory Rate: 16 min-1
- Weight: 60 kg
- Height – 158cm
- Temperature: 98.6 F.

**Astha Sthana Pareeksha (Examination of eight components)**

- Pulse: 74 b/min
- Bowl: Constipated
- Urine: 6-7 times/24 hrs
- Tonge: Normal
- Sounds: Normal S<sub>1</sub> and S<sub>2</sub> sounds heard
- Palpation: Mild tenderness in the left shoulder joint.
- Vision: Normal
- Appearance: Normal.

**Examination of the left shoulder joint**

- Inspection: No scar mark, No swelling.
- Palpation: Tenderness – Tenderness was present on the left shoulder joint.
- Movements: Limited movement of the left shoulder joint
- Reflexes in both upper and lower limbs were at the normal level
- Muscle power was elicited as 5/5 in all limbs; muscle power: 3/5 in the right upper limb, 5/5 in the left upper limb, and 5/5 in both lower limbs.

**Table 6:** Observation and results

Symptoms	Before Treatment	After Treatment
Restriction in movements	2	0
Pain	3	1
Stiffness	1	0
Crepitus sounds	1	0
Wasting of the muscles	0	0
Vitiation of <i>Srotas</i> (channels)	3	1

The patient experienced significant improvements in mobility and pain after therapy. Movement limitation was

eliminated, indicating total mobility restoration. Pain was reduced from high severity to minor, but discomfort still exists. Stiffness disappeared, indicating a complete recovery in joint function and flexibility. Crepitus noises were eliminated, indicating better joint health and fluid mobility. Muscle wasting remained constant, indicating no decline or intervention needed in this area. The vitiation of *Srotas* decreased dramatically, from 3 to 1, indicating a major improvement in internal balance and function. However, a slight degree of imbalance still exists. Overall, the patient's symptoms showed significant improvements in mobility, pain, stiffness, joint health, and vitiation of *Srotas* channels.

**Discussion**

For 20 years, this woman has worked as a tailor without interruption. In addition, take a cold-water bath in the evening. She didn't start her diet on time. Due to her hectic schedule, she occasionally skips meals. *Vata dosha* becomes vitiated as a result of these reasons. These factors also alter normal digestive activities, contributing to poor digestion. Improper digestion causes the body to produce *Ama*. Constipation and abdominal distention are results of this poor digestion. In the present circumstance, *Ama* (undigested metabolic waste) produced as a consequence of *Agnimandhya* (the state of the inadequate process of digestion of ingested food) was gathered in the *Amsa Sandhi* (shoulder joints). This restriction of joint mobility, together with the depletion of lubrication of *Sandhi* (joints) as a result of *Vata Prakopa* (aggravation of *Vata dosha*), led to the development of *Shoola* (pain) and *Stambha* (stiffness), the chief symptoms of *Avabahuka* and features of *Vata* and *Kapha*, respectively. The *Kapha* has its seat in *Amsa Sandhi*. Therefore, to treat this illness, the digestive fire must first be corrected. Additionally, the vitiated *Vata dosha* should be normalized. In the beginning, *Nirgundi* decoction is used for it. *Vitex negundo*, *Allium sativum*, *Moringa oleifera*, *Saussurea costus*, and *Cedrus deodarare* the ingredients of the *Nirgundi* Decoction which is used in the *Arangala* medical system. These substances have anti-inflammatories and *Vata shamaka* (*Vata* pacifying) actions. Additionally, in the first week, *Hingvashtaka* and *Manibadra churna* are used to rectify the digestive fire and alleviate constipation and abdominal distention. The *Lunu inguru* decoction, a traditional decoction that is frequently used in *Vata roga*, (diseases caused by *Vata dosha*) was introduced during the second week. This decoction includes sesame oil, ghee, and the following ingredients: *Allium sativum* L., *Zingiber officinale*, *Macrotyloma uniflorum*, *Piper longum*, *Vigna mungo*, *Mega*, Black salt, *Sida cordifolia*, *Aegle marmelos*, *Premna latifolia* var. *viburnoides*., *Oroxylum indicum* (L.) Kurz, and *Acorus calamus*. The patient was also administered *Hingvashtaka* and *Manibadra churna*. Additionally, this *Kashaya* contains components that have the *Vata Shamaka* effect. Additionally, this *Kashaya* stimulates the digestive fire. provided the *Danti mula* decoction with *Yogaraja Guggulu* and *Tripala Churana* in the third week. And in the fourth week, provided *Rasana 13 kashaya* along with *Tripala churna* and *Yogaraja guggulu*. presented *Dashamuli balairanda* decoction with *Navarathna kalkaya* in the fifth week. Also offered *Mashathmaguptha decoction* with *Navarathana Kalkaya* in the sixth and seventh weeks. The remaining decoctions, such as *Dashamuli Baliranada* and *Mashaathmagupata*, are *Brunhana* decoctions (strength-enhancing decoctions),

which are used to strengthen the shoulder area and nourish the internal tissues once the *Vata dosha* has been calmed. Use of *Pattu*, *Mellum*, and oil applications were employed as external therapies. These *Pattu*, *Mellum*, and oils first sought to calm the *Vata dosha* in the afflicted region. The affected region was then nourished using *Bruhmana* treatments. The majority of the substances have *Vata Shamaka* and *Vedanahara* (pain relief) properties, and when it comes to their pharmacological effects, they have analgesic and anti-inflammatory properties. *Abhyanga* (massage) contains qualities called *Snigdha* (unctuous), *Guru* (heavy), and *Mridu* (soft), which lessen *Vata's* vitiation and so treat the *Kshaya* (decay) in the *Dhatu's*. The major ingredient in these oils is *Vatahara* (alleviates vitiated *Vata*) and *Snigdha guna* (unctuous property) characteristics. This may have assisted in reducing the vitiated *Vata*, alleviating joint discomfort, and enhancing the mobility of the right shoulder joint. *Swedana* relieves *Stambha* (stiffness), *Gaurava* (heaviness), and *Sheeta* (coldness) and induces *Sweda* (sweating), thus relieving the stiffness of joints and making them more flexible. *Swedana* also clears obstruction of channels (*Srotorodha*). In this instance of *Avabahuka*, *Pattu*, *Mellum*, and *Abhyanga* may have had a combined *Vata shamana* (pacification of *Vata*), *Balya* (strengthening), and *Pachana* (tissue metabolism) impact that led to a significant decrease in discomfort and an expansion of the right shoulder joint's range of motion.

### Conclusion

The study conducted on *Avabahuka* demonstrated its efficacy in providing relief from symptoms. This significant finding indicates its potential as a recommended treatment method. The success of this study holds promising implications for individuals suffering from *Avabahuka*, lending support to the implementation of this approach in clinical practice.

### Recommendation

To generalize the result to other patients, further study is required with the extensive study group.

### References

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