

MANAGEMENT OF STHOULYA ASSOCIATED WITH JANU SANDHIGATA VATA: A CASE REPORT

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ABSTRACT

Background: *Sthoulya* (obesity), a *Santarpanajanya Vyadhi* described in *Ayurveda*, is characterized by excessive accumulation of *Meda Dhatu* and *Kapha Dosha*, leading to impaired physical function and increased susceptibility to various metabolic and musculoskeletal disorders. Obesity is a well-recognized risk factor for knee osteoarthritis due to increased mechanical loading and chronic low-grade inflammation. In *Ayurveda*, this clinical presentation closely resembles *Janu Sandhigata Vata*, a degenerative disorder affecting the knee joint. *Ayurveda* advocates a holistic management approach comprising *Shodhana*, *Shamana*, *Panchakarma* procedures, dietary regulation, and lifestyle modifications to address both the underlying pathology and associated symptoms. **Case Presentation:** A 58-year-old female presented with progressive weight gain for five years, resulting in difficulty performing routine daily activities, along with bilateral knee pain for three years. She was a known case of type 2 diabetes mellitus and hypertension. Clinical examination and *Ayurvedic* assessment established the diagnosis of *Sthoulya* associated with *Janu Sandhigata Vata*. The patient underwent a comprehensive *Ayurvedic* treatment protocol comprising *Sarvanga Udwartana*, *Sarvanga Parisheka*, *Janu Lepa*, *Janu Basti*, *Matra Basti*, *Snehapana*, *Virechana*, internal *Ayurvedic* medications, dietary modifications, *Yoga*, and *Pranayama*. **Results:** Following completion of treatment, the patient exhibited significant clinical improvement. Body weight decreased from 103.3 kg to 97 kg, with a corresponding reduction in BMI from 38.9 kg/m² to 36.5 kg/m². Waist circumference decreased from 143 cm to 118 cm, and the waist-to-hip ratio improved from 1.02 to 0.84. Pain intensity assessed using the Visual Analog Scale (VAS) improved from 5 to 1 in the right knee and 4 to 0 in the left knee. Functional mobility, walking ability, and performance of activities of daily living also improved substantially, without any reported adverse events. **Conclusion:** This case demonstrates that a comprehensive *Ayurvedic* treatment protocol integrating *Panchakarma*, external therapies, internal medications, dietary regulation, *Yoga*, and lifestyle modifications can effectively reduce body weight, alleviate knee pain, and enhance functional capacity in patients with *Sthoulya* associated with *Janu Sandhigata Vata*. Further well-designed clinical studies are warranted to validate these findings and establish evidence-based treatment protocols.

KEYWORDS: *Sthoulya*; *Janu Sandhigata Vata*; Obesity; Knee Osteoarthritis; *Panchakarma*; *Udwartana*; *Virechana*; *Ayurveda*.

INTRODUCTION

Sthoulya is a disorder characterized by excessive accumulation of *Meda Dhatu* resulting from over-nourishment and impaired metabolism. *Ayurveda* classifies it as a *Santarpanotha Vyadhi* and includes *Atisthoulya* among the *Ashta Nindita Purusha*.^[1] *Acharya Charaka* attributes *Sthoulya* to excessive intake

of *Madhura* (sweet), *Guru* (heavy), and *Snigdha* (unctuous) foods, overeating, sedentary lifestyle, excessive sleep, and lack of physical activity. These factors lead to excessive accumulation of *Meda Dhatu*, causing *Medo-avarana*, aggravation of *Vata Dosha*, and stimulation of *Jatharagni*, resulting in excessive appetite and further *Meda* accumulation. The characteristic

clinical features include *Chala Sphik*, *Chala Udara*, *Chala Stana*, *Ayathopachaya*, and *Anutsaha*, along with the *Ashta Dosha of Atisthoulya*, shortened lifespan, reduced physical activity, impaired sexual function, weakness, foul body odour, excessive sweating, excessive hunger, and excessive thirst.^[1] *Aacharya Sushruta and Vagbhata* also describe *Sthoulya* as a *Kapha-Meda* predominant disorder and recommend *Langhana*, *Rukshana*, *Lekhana*, dietary regulation, exercise, and *Shodhana* therapies as the principal treatment modalities.^[2,3] *Janu Sandhigata Vata* is a *Vatavyadhi* characterized by the localization of aggravated *Vata Dosha* in the knee joint (*Janu Sandhi*), producing pain (*Shoola*), swelling (*Shotha*), painful flexion and extension (*Prasarana-Akunchana Vedana*), crepitus (*Atopa*), and restriction of joint movements. Degeneration of *Asthi* and *Majja Dhatu*, together with aggravation of *Vata*, forms the basic pathology of the disease.^[2,3]

Obesity is defined as excessive accumulation of body fat resulting from an imbalance between energy intake and energy expenditure, influenced by genetic, environmental, behavioural, and socioeconomic factors. Obesity is a well-established risk factor for knee osteoarthritis, as excessive body weight increases mechanical loading across the knee joint and promotes chronic low-grade inflammation, accelerating cartilage degeneration and joint dysfunction. Consequently, obese individuals are at significantly higher risk of developing knee pain, disability, and reduced quality of life.^[4]

The coexistence of *Sthoulya* and *Janu Sandhigata Vata* creates a vicious cycle in which obesity aggravates joint degeneration, while knee pain further limits physical activity, promoting additional weight gain. Therefore, an integrative Ayurvedic approach aimed at reducing *Meda Dhatu*, pacifying *Vata Dosha*, and improving joint function may provide effective management. The present case report highlights the Ayurvedic management of *Sthoulya* associated with *Janu Sandhigata Vata* using a multimodal treatment approach.

CASE STUDY

The present case study describes a 58-year-old female patient who presented with complaints of progressive increase in body weight for the past five years, leading to difficulty in performing routine daily activities. She also complained of bilateral knee joint pain for the past three years, which further limited her mobility and functional capacity. Based on the clinical findings and Ayurvedic evaluation, the case was diagnosed as *Sthoulya* associated with *Janu Sandhigata Vata*, and the patient was managed with appropriate Ayurvedic interventions.

Anthropometry

Particulars	Before treatment	After treatment
Height(cm)	163cm	163cm
Weight(kg)	103.3kg	97kg
BMI(kg/m ²)	38.9 kg/m ²	36.5kg/m ²

History of present illness

The patient was apparently normal five years ago, following which she gradually developed a progressive increase in body weight. The weight gain was associated with difficulty in performing routine daily activities due to reduced mobility and a feeling of heaviness. Three years ago, she also developed bilateral knee joint pain, which gradually increased in severity and interfered with walking and other physical activities. Owing to these persistent complaints and inadequate relief, she visited the Ayurvedic Hospital for further evaluation and management

HISTORY OF PAST ILLNESS

Patient has n/h/o type 2 DM and HTN

No H/o any food allergy

Drug history

Vitals

Temp – Afebrile

Pulse rate – 78bpm

Bp – 120/80mmHg

RR – 18cpm

Ashtavidha pareeksha

Nadi : *kapha pradhana pitta*

Mala : 2 times/day

Mutra: 4-5 times/day

Jihwa: *alipita*

Shabda: *prakrutha*

Sparsha: *samasheetoshna*

Druk: *prakrutha*

Akruthi: *Madhyama*

Dashavidha pareeksha

Prakruthi: *kapha pradhana vata*

Vikruthi: *kaphapitta*

Sara: *Madyama*

satmya: *Avara*

satva: *Avara*

Samhanana: *Madyama*

Pramana: *Madhyama*

aahara shakthi: *Madhyama*

vyayama shakthi: *Avara*

vaya: *Madyama*

Systemic examination

CVS – S1 and S2 heard

No murmur sound heard

RS – NVBS

No added sounds

GIT – P/A soft and non-tender

CNS – Conscious and oriented to time, place and person.

Head circumference(cm)	56cm	56cm
Chest circumference(cm)	109cm	104cm
Mid arm circumference(cm)	Right:36cm	Right:33cm
	Left:36cm	Left:33cm
Mid thigh circumference(cm)	Right:72cm	Right:65cm
	Left:72cm	Left:65cm
Mid calf circumference(cm)	Right:45cm	Right:43cm
	Left:45cm	Left:43cm
Waist circumference(cm)	143cm	118cm
Hip circumference(cm)	140cm	140cm
Waist hip ratio	1.02	0.84

Local examination

Examination		Right knee joint	Left knee joint
Inspection	Scar mark	Absent	Absent
	Deformity	Absent	Absent
	Swelling	Present	Absent
Palpation	Local temperature	Normal	Normal
	Tenderness	Present	Present
	Crepitus	Positive	Positive
	Effusion	Absent	Absent
Range of motion	Active flexion	0-110 degree	0-120 degree
	Active extension	0 degree	0 degree
	Passive flexion	0-120 degree	0-130 degree
	Passive extension	0 degree	0 degree
Special tests	Patellar tap test	Negative	Negative
	Bulge test	Negative	Negative
	Fluid thrill test	Negative	Negative

VAS SCALE

VAS SCORE	CRITERIA	BEFORE TREATMENT		AFTER TREATMENT	
		Right knee joint	Left knee joint	Right knee joint	Left knee joint
0	No pain	5	4	1	0
1-3	Mild pain				
4-6	Moderate pain				
7-10	Severe pain				

Treatment advised

Internal medication

Sl no	Name of medication	Dose	Time	Anupana
1	Amla juice	20ml -0-20ml	B/F	Water
2	Tab. Decrin plus	1-0-1	A/F	Water
3	Chitrakadi vati	2-0-2	B/F	Water

Treatment

Sl no	Procedure	Date	No of days
1	Janu basti	24/3/26 to 30/3/26	7
2	Sarvanga udwartana	24/3/26 to 30/3/26	7
3	Sarvanga parisheka with DMK	24/3/26 to 30/3/26	7
4	Janu lepa	24/3/26 to 04/4/26	12
5	Janu picchu	24/3/26 to 04/4/26	12
6	Matra basti with sahacharadi taila	24/3/26 to 30/3/26	7
7	Snehapana with pancha tikta guggulu ghrita	31/03/26 to 02/04/26	3
8	Sarvanga abhyanga with yastimadhu taila	03/04/26 to 05/04/26	3
9	Bashpa sweda	03/04/26 to 05/04/26	3
10	Virechana with trivrut leha (80g)+ draksha swarasa (100ml)	05/04/26	1
11	Yoga and pranayama	24/3/26 to 30/3/26	7

DISCUSSION

Sthoulya is a Santarpanottha Vyadhi predominantly involving Kapha Dosha and Meda Dhatu, whereas Janu Sandhigata Vata is a degenerative disorder caused by the aggravation of Vata Dosha localized in the knee joint. In obese individuals, excessive Meda Dhatu increases mechanical stress on the knee joints, accelerating cartilage degeneration and worsening pain, stiffness, and functional disability. From an Ayurvedic perspective, excessive Meda causes Srotorodha (obstruction of body channels), resulting in Margavarana of Vata, which further aggravates the manifestations of Sandhigata Vata.

The treatment protocol in the present case was planned to address both the underlying pathology of Sthoulya and the manifestations of Janu Sandhigata Vata. Udwartana produced Rukshana and Lekhana effects, reducing Kapha and Meda while improving peripheral circulation and facilitating weight reduction. Parisheka and Janu Basti helped alleviate pain, stiffness, and inflammation by pacifying aggravated Vata at the affected joint. Janu Lepa provided local anti-inflammatory and analgesic effects, reducing tenderness and improving joint mobility. Matra Basti, being the prime therapy for Vata disorders, nourished the tissues, relieved pain, and improved joint function. Snehapana followed by Virechana helped eliminate vitiated Doshas, corrected impaired metabolism (Agni), reduced Meda accumulation, and restored Dosha equilibrium.

Internal Ayurvedic medications, along with a regulated diet, lifestyle modification, yoga, and regular physical activity, contributed to sustained weight reduction, improved metabolic status, and enhanced functional capacity. The reduction in body weight decreased the mechanical load on the knee joints, while Vata-pacifying therapies improved pain, stiffness, and range of motion. The combined effect resulted in significant improvement in clinical symptoms, body mass index, and quality of life.

The findings of this case suggest that a comprehensive Ayurvedic approach targeting both obesity and degenerative joint disease can effectively reduce symptoms, improve joint function, and enhance overall well-being in patients with Sthoulya associated with Janu Sandhigata Vata.

CONCLUSION

The present case demonstrates that an integrated Ayurvedic treatment approach comprising Shodhana, Shamana, external therapies, dietary regulation, lifestyle modification, yoga, and exercise can effectively manage Sthoulya associated with Janu Sandhigata Vata. The intervention resulted in reduction of body weight and BMI, improvement in knee pain, stiffness, and functional ability, and enhancement of the patient's quality of life. By addressing both Meda Dhatu excess and Vata vitiation, Ayurveda offers a holistic and safe therapeutic strategy for the management of obesity-associated knee

osteoarthritis. Further well-designed clinical studies with larger sample sizes are required to validate these findings and establish their broader clinical applicability.

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