

AYURVEDIC MANAGEMENT OF OSTEOARTHRITIS WITH SPECIAL REFERENCE TO SANDHIGATA VATA: A CASE STUDY

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• ABSTRACT

Sandhigata vata is one of the vatvyadhi. The disease is not exactly mentioned in the Samhita's but symptoms of this disease shows exact similarities with that of textual references from Charakachikitsa sthan.^[1] A 52 yr old female patient came to the OPD of **Knee veda Ayurveda Clinic** with the complaint of Bilateral knee joint pain, Morning stiffness, Joint pain that worsens with activity, Mild Swelling around the joint, Crepitus, Difficulty walking, Climbing Stairs, Reduced range of motion since 2-3yrs. Patient treated with Panchakarma therapy like Janubasti, Taildhara, Pottali. According to Acharya's, Sandhigata vata can be very well managed by panchakarma, especially Janubasti, Taildhara, Pottali, (Ch. Si.)^[2]

• **KEYWORDS:** Osteoarthritis, Janubasti, Therapy, Sandhigata vata.

• INTRODUCTION

Sandhigata vata one of the most emerging health issue in recent days. Bad sitting postures, jerking movements during traveling, lack of exercises bad dietary habits (junk food) Age all these factors play an important role in causing degenerative changes. Sandhigata vata is one of the vatvyadhi. Now a days human are suffering from many lifestyles related disorders due to adaption of modern lifestyle.

Sandhigata vata is one of among them. It is not only clinical but also social, economic & public health problem affecting general population indiscriminately. It is not life threatening condition, but it causes great discomfort and restriction in social and other activities.

Sandhigata vata is one such condition caused by vitiated vata characterized by pain in the janupradesh. Even though it is not mentioned as a separate disease in Bruhatrayees references are found in other texts like Gadanigraha by Acharya Sharangdhara samhita.

Acharya Sharangdhara has included it under vataja Nanatmaja Vyadhis marking its importance.^[3]

In Ayurveda Sandhigata vata or joint pain is considered as vatic disorder and mainly caused by vitiated vat, which is due to vat prakopak ahar and vihar.^[4]

- **Types of study** - Single case study
- **Study Center** - **Knee veda Ayurveda Clinic**

▪ CASE REPORT

A 52 yr. old female patient visited on 13/07/2026, **Knee veda Ayurveda Clinic** for chief complaints of Bilateral knee joint pain, Morning stiffness, Joint pain that worsens with activity, Mild Swelling around the joint, Crepitus, Difficulty walking, Climbing Stairs, Reduced range of motion since 2-3yrs For this patient took multiple allopathic treatments, got temporary relief but didn't get satisfactory results and for further management patient came to OPD of **Knee veda Ayurveda Clinic**.

- **Past history**
H/O - Menopause (8 yrs. Ago) No H/O - HTN/DM

- **Family History**
No significant family history found

▪ **Personal history**

- Name of patient : ABC
- Age : 52yr/F
- Diet : Mixed diet
- Tea : 2 times a Day
- Exercise : Never
- Day sleeping : Sometimes
- Water intake : 2-3 lit
- Bowel habits : one time/day (not satisfactory & sometimes hard stool)
- Occupation : House wife
- Addicton : Not any
- Marital status : Married

▪ **General examination**

- Weight : 70kg
- Height : 145 cm
- BMI : 33.2
- Respiratory Rate: 20 times/min
- Blood Pressure: 140/80 mm of Hg
- Pulse Rate: 82/min (With normal Rhythm and volume)
- Temperature: 98.2degree F

▪ **Systemic Examination**

Cardio Vascular System: S1 and S2 heard. No murmurs.
Respiratory System: AEBE CLEAR
Central Nervous System: Conscious and Oriented
P. A. Examination: Soft, Non-tender, No organomegaly on palpation.

▪ **Ashtavidha Pariksha**

1. Nadi : 86/min
2. Mala : 1 time/day [Hard stool]
3. Mutra : 4-5times/day
4. Jivha : Saam
5. Shabda : Prakruta
6. Sparsha : Prakruta
7. Drik : Prakruta
8. Akrti : Madhyama

▪ **Dashavidha Pariksha**

1. Prakruti : Vata Pitta
2. Vikruti : vata Pradhana Tridoshaja
3. Sara : Madhyama
4. Samhanana : Madhyama
5. Pramana : Madhyama
6. Satmya : Shadarasa
7. Satwa : Madhyama
8. Ahara Shakti : Madhyama
9. Vyamashakti : Avara
10. Vaya : Madyama

• **CRITERIA FOR ASSESMENT**

SUBJECTIVE CRITERIA

1. **Sandhishool gradation**

1	No Joint pain	0
2	Occasionally	1
3	Relieves by medicine	2
4	Depended on painkiller	3

2. Sandhigraha
3. Sandhi shootha/Swelling
4. Prasaranjanya Aakunchanottar vedana
5. Sandhiatopa/crepitus

❖ **Local Examination**

Knee joint	Right	Left
Swelling	Present	Present
Crepitus	Present(++)	Present(++)
Touch	NAD	NAD
SLRT	70 ⁰	70 ⁰
ROM	80 ⁰	80 ⁰
Clark's test	Positive	Positive

4. **Functional Disability**

Score 0	Pain free full activity
Score 1	Perform independantly with pain
Score 2	Perform with minimal assistance
Score 3	Perform with maximum assistance
Score 4	Unable to perform

• **Investigations**

RA Factor	1.13
Uric acid	3.13

• **Radiological investigations**

X-ray of knee joint anteroposterior (AP) view and lateral views was taken before and after the treatment.



Nidana Panchaka

Nidana

Koshna jal panarth morning

Atisevana of Amla, Lavana, Katu Aahara Dravyas
Atisevana of Ruksha and Ushna Viruddha Ahara
(ambawlele padarth i.e. idli dosa meduwada) Shukdhanya
sevan, Haritshak sevan.

Poorva Roopa

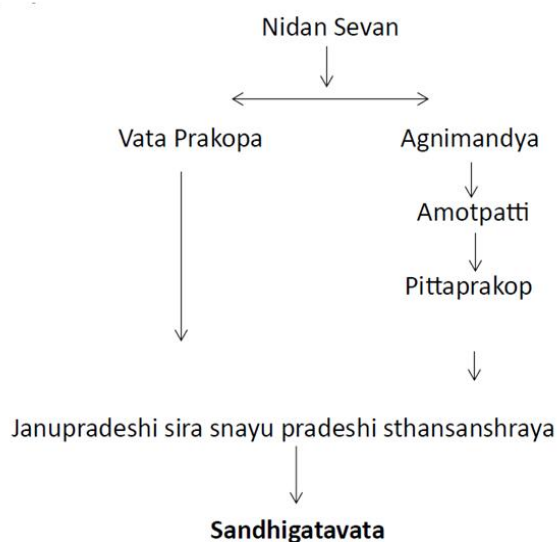
Bilateral knee joint pain, Morning stiffness, Joint pain that worsens with activity, Difficulty walking, Climbing Stairs.

Roopa

Bilateral knee joint pain, Morning stiffness, Joint pain that worsens with activity, Mild Swelling around the joint, Crepitus, Difficulty walking, Climbing Stairs, Reduced range of motion.

Upashaya

Snehan, Swedan.

Samprapti Ghataka**Radiological changes After Treatment****DISCUSSION**

The patient was managed with a comprehensive Ayurvedic therapeutic approach comprising Vatanulomana, Snehana, Brimhana, Deepana, and Pachana therapies. These interventions were selected according to the patient's clinical presentation and underlying doshic imbalance, with the aim of restoring physiological balance, improving digestive and metabolic

MANAGEMENT

Our patient-centered approach focuses on providing comfortable and relaxing treatment while promoting optimal health outcomes. The patient was managed with Vatanulomana, Snehana, Brimhana, Deepana, and Pachana therapies. As Vata Dosha was identified as the primary underlying factor, Snehana was given priority in the treatment protocol.

OBSERVATION AND RESULTS

Following observations were found before and after the intervention.

Sr. no.	Subjective criteria	Gradation	
		Before t/t	After t/t
1.	Janusandhishool	3	0
3.	Functional Disability	3	1

Local Examination After Treatment

Knee joint	Right	Left
Swelling	Absent	Absent
Crepitus	Absent	Absent
Touch	NAD	NAD
SLRT	90 ⁰	90 ⁰
ROM	90 ⁰	90 ⁰
Clark's test	Negative	Negative

functions, supporting tissue nourishment, promoting proper movement of Vata, and facilitating overall recovery. The treatment protocol was individualized to address the predominant pathology while enhancing the patient's general health and well-being.

Kaishor Guguulu useful in reducing stiffness & aids in purification of blood & the removal of toxicans from the

body. Moreover its natural ingredients may also aid in relief of joint pain & muscular sprains.

Mahatiktak Ghrita, Asthishrunkhala vati, Sootshekhar ras which directly helps in Asthi-majjagat vaatvyadhi. It has properties that help to improve muscle strength. It may increase dhatwagni and poshana of all the dhatus, especially asthi and majja dhatu which controls asthi and majja kshaya (the degeneration process). Tikta rasa is predominant in Akasha Vayu Mahabhuta which helps in preservation of normal health of Asthi Dhatu Tikta rasa has got Deepan and Pachana effect that might have helped to improve general health and thus strengthens the body as well as joints.^[5] Laksha guggul in asthi majjagat vaatvyadhi chikitsa. Eranda sneha is used for vaatanulomana Snigdha virechaka properties and is indicated in pain management in vatavyadhi.^[6]

Janu Basti is a form of Snigdha Swedana in which medicated oil is retained over the affected region, making it particularly beneficial in conditions associated with low backache and lumbosacral disorders.

The combined effects of local Snehana and Swedana help improve regional blood circulation, provide nourishment to muscles and nerves, reduce pain, stiffness, and muscle spasm, and improve flexibility and mobility. The localized application of warmth along with oleation facilitates relaxation of the tissues and may provide relatively rapid symptomatic relief. Bala-Ashwagandha^[7] Siddha Taila contains Ashwagandha, which possesses Madhura Rasa and Ushna Guna, contributing to its Vata-pacifying and nourishing effects. Bala is characterized by Snigdha Guna and Ushna Virya and is traditionally considered beneficial in Vata disorders. Together, these properties make the formulation useful in Adha-kaya Vata disorders. The formulation is also described as supporting Gati Vishesha, thereby promoting normal movement and functional mobility. Its Vatahara, Brimhana and Pachana properties contribute to reducing Vata-related symptoms, improving tissue nourishment, and supporting proper digestion and metabolism. In addition, its reported anti-inflammatory and analgesic actions may further contribute to the reduction of pain, stiffness, and functional discomfort.

CONCLUSION

Our clinic provides a Non-Surgical treatment approach that may help improve joint space width, reduce pain and alleviate symptoms associated with joint disorders. The use of natural therapeutic products offers a safe, effective, and cost effective alternative to surgical intervention, with the potential to improve functional outcomes and enhance patients quality of life.

On the basis of this single case study it can be concluded that use of Therapy like Janubasti and Pottali with shaman chikitsa like Laksha guggul, Tab. Shallaki, along with nitya anulomak with eranda sneha found to be very much effective in the management of Osteoarthritis.

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