



CLINICAL CASE STUDY TO EVALUATE THE EFFICACY OF AYURVEDIC MANAGEMENT IN *JANU SANDHIGATA VATA* W.S.R TO OSTEOARTHRITIS

Dr. Madhu Ranjan¹ (Corresponding Author), **Prof. Rita Singh²**, **Prof. Nitushree³**, **Prof. Yogesh Kumar⁴**,
Dr. C. B. Singh⁵,

1: Assistant professor, Department of Panchakarma, Major S.D. Singh, P.G. Ayurvedic Medical College & Hospital, Farrukhabad, Uttar Pradesh.

2: Professor and HOD, Department of Panchakarma, Major S.D. Singh, P.G. Ayurvedic Medical College & Hospital, Farrukhabad, Uttar Pradesh.

3: Professor, Department of Dravyaguna, Major S.D. Singh, P.G. Ayurvedic Medical College & Hospital, Farrukhabad, Uttar Pradesh.

4: Professor and HOD, Department of Samhita, Siddhant Aur Sanskrit, SRM, Govt. Ayurvedic Medical College & Hospital, Bareilly.

5: Associate Professor and HOD, Department of Kayachikitsa, SRM, Govt. Ayurvedic Medical College & Hospital, Bareilly.

ABSTRACT

According to world health organization, OA is the 2nd most common musculoskeletal problem in the world population (30%) after low back pain (50%). Some of the risk/cause factors include lifestyle choices, excessive weight, trauma, and a diet lacking in calcium. The *Rooksha Aahar* (food of dry in nature) and *Ati Vyayam* (excessive exercise) is the responsible factor for the vitiation of *Vata*, It mostly affects the joints like *Janu Sandhi* (knee joint), hip, and lumbar-spine. The *Sandhigata Vata* is most common type of problem, which severely restrict daily tasks like ability to walk, dress, bathe, and do other works. Acharya Charak says that the main symptoms of *Sandhigata Vata* are *Vata Poornadriti Sparsha* (crackling sound), *Sotha* (swelling), trouble in *Prasarana* (flexing)/*Akunchana* (extending) and *Pravrishcha Vedna* (pain).

Methodology

Source of data collection: Major SD Singh PG Ayurvedic Medical College, Bewar Road, Fatehgarh, Farrukhabad.

Selected Patient: A female patient of 56-year with *Janu Sandhigata Vata* (Osteoarthritis).

Conclusion:

This patient was given 20 days treatment in the form of *Matra Basti* with *Dhanwantram Taila* and 20 days of *Abhyanga* followed by *Janu-Dhara* with *Murivenna Taila*. The patient reacted favorably to these Ayurvedic therapies and substantial positive change in signs and symptoms was observed.

Keywords: Osteoarthritis, *Janu Sandhigata Vata*, *Dhanwantaram Taila*, *Matra Basti*, *Murivenna Taila*, *Janu-Dhara*, *Abhyanga* etc.

INTRODUCTION

The etiopathogenesis of *Vatavyadhi*, has duel pathways -*Gatavata* and *Avaranajanya Vataroga*¹. By various *Nidanas*, *Vata* gets *Prakupita* (aggravated) and leads to vitiation of various components of body like *Mamsa*, *Meda*, *Asti* etc. and *Upadhatu* like *Sira*, *Snayu* etc. When *Sandhi* gets involved it leads to the manifestation of *Sandhigata Vata* and produces symptoms like *Shotha* (swelling), *Akunchana Prasaranae Vedana* (pain during movement of joints), and *Vatapurnadriti Sparsha* (crackling sound) of the affected joint^{2, 3}. Acharya *Sushruta* identified the symptoms of *Sandhigata Vata* as *Shoola* (pain), *Shotha* (swelling), and *Hanti Sandhi* (decreasing knee joint motions)^{4,5}. *Vata Prakopa* (aggravation), which develops in the joints and causes symptoms like joint swelling⁶⁻⁸. Osteoarthritis is characterized by inflammation in joints, marked by progressive cartilage damage^{9, 10}.

Its prevalence is high especially in elderly. It is associated with high rate of disability. According to world health organization, Osteoarthritis is the 2nd most common Musculo-skeletal problem in the world population (30%) after low back pain (50%). Major risk factors associated with Osteo-Arthritis of knee joint are age, gender, obesity, and occupational knee bending¹¹. Treatment modalities in contemporary science have been broadly divided into pharmaco-therapeutic and non-pharmacological therapy. Pharmaco-therapeutic includes non-steroidal anti-inflammatory drugs, corticosteroids, medications that stop the bone loss and increases bone strength E.g.: calictronin, medications which increase the bone formation e.g.: teriparatide. Much of these have their own limitations and side effects. If the pharmaco-therapy fails then the last resort is surgery. Surgical approaches apart from being invasive and palliative are extremely expensive and unaffordable to a large number of patients especially from India. Hence patients seek alternate medicine for the relief in Osteoarthritis. It is the need of the hour to explore an effective, safe, domiciliary mode of management in this Osteoarthritis. *Murivenna Taila* which contains *Karanja*, *Tuka*, *Tambula*, *Kumari*, *Shigru*, *Paribhadra*, *Palandu*, *Shatavari* etc have the property of *Shothahara* (Anti-inflammatory), *Vedanasthapan* (Analgesic), *Vatahara* (mitigate *Vata*) helps in pain management and in improving the status of degeneration in joints¹². With above intention, the present study was undertaken to evaluate the efficacy of Ayurvedic management with *Janu-Dhara* with *Murivenna Taila* and *Matra Basti* with *Dhanwantaram Taila* in *Janu Sandhigata Vata*.

OBJECTIVE OF PRESENT STUDY

To evaluate the efficacy of Ayurvedic management with *Janu-Dhara* with *Murivenna Taila* and *Matra Basti* with *Dhanwantram Taila* in management of *Janu Sandhigata Vata*.

MATERIAL AND METHODS

The patient data of *Sandhigata Vata* (Osteoarthritis) has been collected from the OPD and IPD of Major S.D. Singh P.G. Ayurvedic Medical College and Hospital, Farrukhabad. The following treatment has been scheduled-

TREATMENT

- *Abhyanga* and *Janudhara* with *Murivenna Taila*.
- *Matra Basti* with *Dhanwantram Taila*.

CASE STUDY

A 56 years old female patient, admitted on 26/04/2025 in Major S.D. Singh P.G. Ayurvedic Medical College, Hospital and Research Centre, Farrukhabad, UP.

OPD NO. - 2504260001

CHIEF COMPLAINT

Pain in bilateral knee joints since 20 years along with difficulty in walking.

HISTORY OF PRESENT ILLNESS

The patient was asymptomatic before 20 years. She develops the pain gradually in right knee joint after fall from the stairs and gradually affect left knee joint also. Patient approached to local clinic and found symptomatic relief. After few days, pain again started following the Road Traffic Accident. This time pain started in bilateral knee joints. Patient approached to various hospital and clinics. She was given medications symptomatically and was suggested for knee replacement surgery. Patient did not want to undergo the surgery; So, approached our hospital for the treatment.

PAST HISTORY

- No history of hypertension (HTN), Diabetes Miletus, Systemic Lupus Erythromatosis.

PERSONAL HISTORY

- *Ahara* – Mixed, excessive towards sweet food
- *Vihara* – *Sadharan*
- Addiction – Tea (3-4 times/day)
- Bowel habit – Regular
- *Nidra* – Aprakrita (disturbed due to pain)
- Urine – Normal with frequency of Three to four times/day

OCCUPATIONAL HISTORY

- Nature of work – Standing,
- Working hour – 7-8 hrs.

MENSTRUAL AND OBSTETRIC HISTORY

- G₃P₃A₀

GENERAL EXAMINATION

- Gait – Normal
- Decubitus – Normal
- Faces – Normal *varna*
- Icterus – Absent
- Cyanosis – Not found
- Edema – Not found
- Clubbing – Not found
- Lymph nodes - Not palpable

ASHTASTHANA PARIKSHA

- *Nadi:* *Vata-Pittaja*,
- *Mutra:* Three to four times/day
- *Mala:* One Time
- *Sparsha:* *Anushnasheeta*
- *Drik:* Age related hypermetropia

- *Jihva:* *Ishat Liptata*
- *Sabdha:* *Prakruta*
- *Akrithi:* *Sthoulya*

GENERAL PHYSICAL EXAMINATION

- General condition: Moderate
- Pulse Rate: 78/min
- BP: 130 /80 mm of Hg
- RR: 18/min
- HR: 80/min
- Temp- 98.6 F

ROGI PARIKSHA

- *Prakruti:* *Vata- Kapha*
- *Sara:* *Madhyama*
- *Samhanana:* *Madhyama*
- *Pramanata:* *Sthula*
- *Satwa:* *Madhyama*
- *Satmya:* *Sarva Rasa Satmya*
- *Ahara Shakti:* *Madhyama*
- *Vyayam Shakti:* *Madhyama*
- *Vaya:* *Vrddha*

SYSTEMIC EXAMINATION

- 1. Respiratory system:** Normal Vesiculo-Bronchial-Sound present. No added sound
- 2. Cardio vascular System:** S1 S2 heard, no added sound
- 3. Gastro intestinal system:** P/A- soft, non-tender
- 4. CNS examination:** At the time of admission patient was conscious and well oriented and all the sensory and motor system are well functioned.
- 5. Loco motor examination:**

Symptoms	Right Knee	Left Knee
<i>Atopa</i> (crepitus)	+++	+++
<i>Sandhishoola</i> (tenderness)	++	++
<i>Shotha</i> (swelling)	++	++
<i>Sandhisthambha</i> (stiffness)	++	++
<i>Vedanayuktasandhipravriti</i> (range of movement)	Restricted to 30°	Restricted to 45°

RADIOLOGICAL FINDING

X-ray knee joint suggestive of grade 3 osteoarthritis of both the knee joints.

VYAVACHEDAKA NIDANA (DIFFERENTIAL DIAGNOSIS)

1. *Janu Sandhigata Vata*,
2. *Amavata*,
3. *Janushoola*.

DIAGNOSIS

Janu Sandhigata Vata.

PROGNOSIS – *Kashta Sadhya*.

SAMPRAPTI GHATAKA

- **Dosha:** *VataPradhana*
- **Dushya:** *Rasa, Lasika, Asthi, Majja*
- **Srotas:** *Asthivaha Srotas*
- **Ama:** *Ama*
- **Udbhava Stahana:** *Pakvashaya*
- **Vyakta Sthana:** *Janu Pradesh*

TREATMENT

A treatment protocol is designed as *Murivenna Taila* was used for *Abhyanga* and *Janu-Dhara* for 45 minutes over both the knee joints.

METHOD OF ADMINISTRATION FORM

- **Matra Basti** with *Dhanwantaram Taila*
- **Dose:** 80 ml
- **Kala:** Once a Day
- **Duration of therapy:** for 20 Days
- **Followup:** after 30 Days

AHARA CHARYA (DIET REGIMEN)

Laghu Supachhya (light food for digestion).

OBSERVATIONS AND RESULT

Patients underwent the above-mentioned medication from 03/03/2025 to 22/03/2023.

Janu Sandhigata Vata (osteoarthritis of knee joints) is described in all the classics.

Symptoms are usually found in bus drivers, computer operators and school instructors, obese Individuals etc.

RESULT

Patients were assessed before and after treatment.

ASSESSMENT CRITERIA

Symptoms		Before treatment	After treatment	During follow up
Crepitus	Atopa	+++	++	++
Tenderness	Sandhishoola	++	+	-
Swelling	Shotha	++	+	-
Stiffness	Sandhisthambha	++	+	-
Range of movement	Vedanayuktasandhipravriti	Restricted to 30 degree	Restricted to 90 degree	Up til 110 degree

DISCUSSION**RATIONALE AND RELEVANCE TO THE PRESENT STUDY**

According to Ayurvedic classics, *Slesamaka Kapha*'s (synovial fluid) seats are in *Sandhi*'s (joints). A large portion of osteoarthritis is caused by increased in *Ruksha Guna* (roughness)¹³. In the *Sandhigata Vata* (osteoarthritis)¹⁴ *Vata Dosha Prakopa* (aggravation) occurs in *Kapha Sthana* (seat of *Kapha*) , , it result like *Kapha Kshaya* (diminish) and *Ruksha Vriddhi* (excessive roughness)¹⁵. In *Guna*, *Vata* and *Kapha* are *Sheeta*. Therefore, *Ushna* (hot) *Brimhana* (nourishment) and *Anulomana* (inverted direction of *Vata*) must be the drug. Patient was given *Abhyanga* followed by *Janu-Dhara* with *Murivenna Tail* and *Matra-Basti* with *Dhanwantaram Taila*. The assessment was carried out on symptoms basis before, during, and after the treatment. Right knee joint discomfort was measured using the Visual Analogue Scale (VAS) after 10 days of therapy and was shown to have dropped from 8 to 0, coupled with a marked improvement in other symptoms such limited joint mobility, standing duration, swelling and stiffness¹⁶. The Ayurvedic classical advice suggests *Basti* in the case of *Janu Sandhigata Vyadhi* (knee osteoarthritis) because the *Dravyas* (liquids) with *Snigdha* (unctuousness), *Khara* (roughness), and *Shoshana* (emaciation) characteristics are necessary to nourish the *Asthidhatu* (bone tissue)¹⁷. *Tikta Rasa* (bitter taste) supplies power to the *Asthi* (bone), to the *Kharatwa Guna* of the *Asthi* (bone), and the *Asthidhatu* (bone tissue)¹⁸. Firm and unyielding with its *Shoshana Guna* (emaciation quality). *Basti* (enema) do *Asthidhatu* (bone tissue) *Poshana* (nutrients) (*Guna Samanya Siddhanta*)⁹. *Akasha Mahabhuta Pradhanya Tikta Rasa* (bitter taste) *Dravya* also acts as a passage for *Basti Dravya* (enema material) to access their destination with a similar composition by making it possible for them to penetrate quickly¹⁹. Since *Basti Dravya* (medicated enema) will work directly on *Purishadhabra Kala* and is necessary to nourish *Asthidhabra Kala* (bone tissue membrane) and *Asthidhatu* (bone tissue) in particular, it is mentioned as a possible therapy in *Asthivaha Srotodushti* (bone tissue membrane)²⁰. With this hope *Basti* (enema) therapy was used in this case because of its ability to balance *Vata Dosha* and *Kapha Dosha*.

LACUNA IN THE AREA

This present case study only has one major lacuna i.e., the sample size of patients. It is better to study in large sample.

FURTHER RESEARCH WORK IN FUTURE

This research work in the future with a larger sample size with better statistical data will be proven this research

CONCLUSION

We may conclude that *Panchakarma*, in addition to oral medications, is efficient in managing *Janu Sandhigata Vata* (knee osteoarthritis), which was not relieved by any contemporary medical intervention and was prescribed surgical therapy. *Janu Sandhigata Vata* (knee osteoarthritis) is now more likely to occur in the future who are not following the rules and regulation of good conduct. Strong *Pachaka* (digestion) include *Dhanwantari Taila Basti* (enema). There were no ill effects noted neither before nor after the treatment,. Based on the data, we can say that *Vataj Ahara* (diet) *Vihara* (regimen), *Ushna* (hot), and *Brihana* (nourishment)

Dravyas reduced the patient's symptoms and provided comfort. The patient was treated with protocol shows substantially positive change in signs and symptoms.



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