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Case Study

AYURVEDIC MANAGEMENT OF *JANU SANDHIGATA VATA*

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ABSTRACT

Sandhigata Vata, as described in Ayurveda, closely correlates with osteoarthritis in contemporary medicine. It commonly manifests during the fourth and fifth decades of life, though it may occur earlier or later. The knee joint (*Janu Sandhi*) is most frequently involved, with a higher prevalence observed in females. Contributory factors include obesity and excessive or repetitive joint usage. While modern medical management offers rapid symptomatic relief, it is often associated with systemic adverse effects. Ayurvedic management aims to alleviate symptoms with minimal or no side effects. A 58-year-old female patient presented with complaints of bilateral knee joint pain, swelling, crepitus, restricted range of motion and difficulty in walking. The patient approached CBPACS seeking Ayurvedic treatment for these symptoms. The patient was managed with *Janubasti*. On regular follow-ups, the patient reported significant improvement in pain, reduction in swelling, decreased crepitus, and improved range of motion in both knee joints. The present case demonstrates the effectiveness of Ayurvedic management in *Janu Sandhigata Vata*. This case report contributes further evidence supporting Ayurveda as a safe and beneficial therapeutic approach in the management of osteoarthritis.

INTRODUCTION

Osteoarthritis is a chronic, progressive degenerative disorder of multifactorial and largely unclear etiology, characterized by the gradual deterioration of articular cartilage along with changes in the underlying subchondral bone. It is also referred to as Degenerative Arthritis, Degenerative Joint Disease, or Osteoarthrosis, and represents a form of Joint Pathology resulting from structural and biochemical breakdown of joint components. The cardinal clinical manifestations include joint pain and stiffness, which initially appear following physical activity but gradually progress to persistent symptoms. Osteoarthritis is the most prevalent joint disorder worldwide, affecting populations across all regions. Globally, it ranks fourth in terms of health impact among women and eighth among men.

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Knee osteoarthritis is one of the most frequently encountered musculoskeletal disorders, particularly after the age of 60 years. The disease predominantly involves major joints, with the knee being especially vulnerable due to its weight-bearing function. Degenerative pathological changes generally begin after the age of 40 years in most individuals. Epidemiological data indicate that symptomatic osteoarthritis is observed in approximately 30% of females and 18% of males. The condition significantly impairs activities of daily living by causing pain-related functional limitations during routine tasks such as walking, bending, lifting, and other physical movements [1].

In Ayurvedic literature, osteoarthritis can be correlated with *Sandhigata Vata*. *Acharya Charaka* has described this condition under *Vataja Nanatmaja Vyadhi*, highlighting clinical features such as pain during ambulation, joint inflammation, and crepitus [2]. *Acharya Sushruta* further elaborated the disease by emphasizing degenerative changes occurring within the joints as a defining feature of *Sandhigata Vata* [3].

Conventional medical management of osteoarthritis primarily focuses on symptomatic relief through the use of analgesics and non-steroidal anti-

inflammatory drugs (NSAIDs). However, this approach neither halts disease progression nor provides sustained pain control, and prolonged use of NSAIDs is associated with significant adverse effects[4]. Therefore, there is a compelling need to explore safer and more effective therapeutic modalities for the management of *Sandhigata Vata*.

Ayurveda offers a comprehensive approach to such degenerative conditions through *Panchakarma* procedures and *Shamana Chikitsa* (oral medications). The therapeutic regimen adopted in this study is based on the classical *Chikitsa Sutra* described for *Sandhigata Vata* in authoritative Ayurvedic texts. In the present case study, a female patient diagnosed with *Sandhigata Vata* was treated using a combination of *Panchkarma* therapy (*Janu Basti*) along with palliative (*Shaman*) measures, which resulted in marked improvement and recovery of clinical symptoms.

AIM

To evaluate the efficacy of *Janubasti* in the management of *Janu Sandhigata vata*.

OBJECTIVES

- To assess the effect of *Janubasti* on the clinical symptoms of *Janu Sandhigata vata*.
- To observe any structural changes in X-RAY findings

Case Report

A female patient, 58 years old, OPD/IPD no. 20250051129/260000059, came in Panchakarma OPD-5 of CBPACS, Khera Dabar, New Delhi, with chief complaints of:

1. Pain in bilateral Knee joints
2. Crepitus
3. Swelling (on and off)
4. Restricted range of motion
5. Difficulty in walking
6. Mild warmth

History of present illness: Patient was suffering from symptoms given above, since 4 years. She had previously consulted at allopathic clinics and had taken allopathic medicines, but didn't get satisfactory improvement. She was admitted for Ayurvedic management of *Janu Sandhigata Vata*.

Table 1: General Information of the Patient

Address	Dwarka, South West Delhi
Marital Status	Married
Occupation	Housewife
Onset	Gradual
Duration of symptoms-	Approximately 4 years

History of Past Illness

N/H/O- Hypertension/thyroid dysfunction/other chronic illness

K/C/O- DM2 [on herbal medication- Tablet *Madhunashini Vati* 1 OD and allopathic medication- Tablet Metformin 500mg 1 OD]

S/H/O- Cholecystectomy (5 years ago)

Personal History

Table 2: General Examination

Gait	Antalgic	**Clubbing**	Absent
Face	Normal	**Pulse**	77 bpm
Pallor	Absent	**B.P**	130/80 mm Hg
Icterus	Normal	**Resp. Rate**	16/min
Cyanosis	Absent	**Weight**	63.2 kg
Edema	Present B/L knee joints	**Temperature**	98.7°F

Table 3: *Ashtavidha Pariksha* [5]

Nadi	*Vata Kaphaj*	***Shabda***	*Spashta*
Mala	*Nirama*	***Sparsha***	*Samashitoshna*
Mutra	*Samanya varna*	***Drik***	*Prakrit*
Jihva	*Swacch*	***Aakriti***	*Prakrit*

Systemic Examination and Local Examination

1. **G.I.T -** No Organomegaly, No Tenderness
2. **C.V.S -** No Scar marks, S1 and S2 heard, No Added Sounds
3. **R.S. -** Trachea centrally placed, B/L airway entry clear, No Abnormal Sounds
4. **C.N.S -** Conscious and Oriented with respect to Person/Place/Time

MATERIAL AND METHODS

Assessment Criteria

Subjective Criteria

Table 4: Classical Symptoms of *Sandhigata Vata*

Symptoms	None	Mild	Moderate	Severe
Sandhishool [6]	0	1	2	3
Sandhishotha [7]	0	1	2	3
Aakunchan Prasaran Vedana [7]	0	1	2	3
Vatapoorna Driti Sparsh [7]	0	1	2	3
Aatopa [8]	0	1	2	3
Stabdhata	0	1	2	3

Objective Criteria

VAS Scale [9]

Womac Score [10]

Diagnostic Criteria – X-RAY Bilateral Knee Joints- AP/Lat.

THERAPEUTIC INTERVENTION

JanubastI

Pre Operative Procedure

Items Required

Black gram flour – 300gm, Water – Q.S., *Janubasti* mould- 2, Medicated Taila- Q.S., Bowl – 1, Vessel-1, Cotton – Q.S.

Position of the Patient

Patient was made to lie down comfortably with knee extended. Only the affected area was exposed and rest whole body was draped.

A sufficient quantity of dough of flour was prepared along with it.

Procedure

Moulds were placed and made stable with application of dough at inner lower side. Monitoring was done for any leakage. Then *Taila* was taken in a bowl and was placed in another vessel filled with hot water (for indirect heating). After heating at optimum temperature, *Taila* was poured with the help of cotton swab from outside to inside. Care was taken and temperature was regulated by timely changing it with hot *Taila*. Total duration of the procedure was 35 mins.

Post Operative Procedure

After completion, *Taila* was collected in a bowl and moulds and flour were removed. This was followed by *Mridu abhyanga* in bilateral knees.

Patient was asked to cover the area on which therapy was done. She was advised to rest for an hour and take bath with lukewarm water.

Precautions

1. The patient's position should be determined before therapy to ensure a comfortable intervention.
2. Dough attached to the moulds must be checked before pouring oil, to avoid any leakage.
3. Regular monitoring of temperature is necessary to prevent burns and blistering.

Table 5: *Shaman Chikitsa*

Name	Dosage	*Anupana*	Duration
Tryodashang Guggulu	500mg twice a day	*Koshna jala*	30 Days
Dashmool Kwath	40ml twice a day	-	30 Days

With above mentioned line of treatment patient got significant relief from the symptoms of Bilateral Knee Osteoarthritis. Treatment was given for 15 days.

OBSERVATION AND RESULTS

Table 6: Results in Classical Symptoms of *Janu Sandhigata Vata*

Classical Symptoms of *Janu sandhigata vata*	Before treatment (0th day)	After treatment (15th day)	On 30th day
Shoola	3	2	1
Shotha	2	1	1
Stabdhata	1	0	0
Aakunchan Prasarana Vedana	3	2	1
Vatapoorna Druti Sparsha	2	1	1
Aatopa	3	2	2

Table 7: Results in VAS Scale

Objective Criteria	Before Treatment (0th day)	After Treatment (15th day)	On 30th Day
VAS scale	7	3	2

Table 8: Results in WOMAC Score

Domain	Parameter	Before Treatment	After Treatment	On 30th day
Pain	Walking	3	1	0
	Stair climbing	4	2	1
	Nocturnal pain	4	2	1
	Pain at rest	3	2	1
	Weight-bearing pain	3	2	1
Stiffness	Morning stiffness	1	0	0
	Stiffness later in the day	1	0	0
Physical Function	Descending stairs	4	3	2
	Ascending stairs	4	2	2
	Rising from sitting	4	3	2
	Standing	3	1	0
	Bending to floor	3	1	0
	Walking on flat surface	3	2	1
	Getting in/out of car	4	2	1
	Going shopping	3	2	1
	Putting on socks	2	1	0
	Lying in bed	3	2	1
	Taking off socks	2	1	0
	Rising from bed	3	1	0
	Getting in/out of bath	3	2	1
	Sitting	3	2	1
	Getting on/off toilet	3	2	1
	Heavy domestic duties	3	2	1
	Light domestic duties	3	2	1
Total Score		**72**	**40**	**19**

DISCUSSION

In the present case report, *Janubasti* was done in the management of *Janu Sandhigata Vata.* After 15 days of treatment, the patient reported significant relief in all previously mentioned symptoms. A follow-up assessment was conducted on the 30th day, and the patient continued taking *Shamana Aushadhi* throughout this period.

Radiological findings

An X-ray was initially performed on 31 December and repeated on 14 February (after 45 days). The findings showed improvement in the tibiofemoral joint space of the right knee.

Mode of action of *Janubasti*

In *Janubasti*, medicated oil penetrates the skin and facilitates transmembrane absorption, enhancing phospholipid function and aiding in the removal of disease-causing impurities. The application of lukewarm oil increases local tissue temperature, leading to vasodilatation and improved blood circulation, thereby enhancing oxygen and nutrient delivery while reducing oxidative stress.

The therapy exerts sedative, anti-inflammatory, analgesic, and muscle-relaxant effects, and the thermal stimulus acts as a counter-irritant to modulate pain perception. *Janubasti* also promotes muscle relaxation, improves muscular efficiency, nourishes muscles, bones, nerves, cartilage, and lubricates joint structures, potentially slowing degenerative changes in the knee joint.

Taila, a key component of *Janubasti*, plays a vital role in pacifying aggravated *Vata Dosha* through its warming and lubricating properties, thereby improving joint function and supporting the Ayurvedic management of *Janu Sandhigata Vata* (knee osteoarthritis).[11]

Trayodashang Guggulu

Trayodashang Guggulu is a classical Ayurvedic formulation composed of *Shodhita Guggulu, Rasna, Ashwagandha, Babula, Hapusha, Gokshura, Shatahya, Shati, Guduchi, Vrudhadaru, Shunthi,* and *Goghrita.* The ingredients predominantly exhibit *Tikta, Katu, and Kashaya Rasa, Ushna Virya,* and *Madhura Vipaka*[12]. Owing to these pharmacodynamic attributes, the formulation demonstrates *Vatahara* action primarily due to *Ushna Virya* and *Madhura Rasa*, while the combined influence of *Ushna Virya* and *Kashaya Rasa* contributes to *Kapha-Shamana* effects [13].

Dashmool Kwath

Dashmool Kwath is a widely utilized Ayurvedic decoction known for its analgesic and anti-inflammatory properties. It comprises *Brihat Panchamoola* and *Laghu Panchamoola.* The constituents of *Brihat Panchamoola* predominantly possess *Tikta* and *Kashaya Rasa* with *Ushna Virya,* thereby exhibiting *Kapha-Vata Shamana* actions. In contrast, the drugs of *Laghu Panchamoola* are mainly *Madhura Rasa, Anushna-Sheeta* in nature, and are described as *Sarva-Dosha Nashaka.* [14].

CONCLUSION

These findings underscore that *Janubasti* represents an effective therapeutic modality for managing *Janu Sandhigata Vata*, demonstrating promising results in alleviating the symptoms associated with this condition. *Janubasti* provides substantial improvements in clinical outcomes. However continued research is essential to further validate these interventions and optimize treatment protocols for patients suffering from this debilitating condition. Large sample studies are required to further strengthen the concept of Ayurvedic management.

Informed Consent

Written informed consent was secured from the patient before commencing *Janubasti Karma*. The procedure, its anticipated benefits, potential discomforts, and follow-up requirements were thoroughly explained, and the patient willingly consented to receive the treatment.

Patient Perspective

The patient reported noticeable improvement following the treatment, including easier walking and reduced pain, swelling, and crepitus. She expressed

satisfaction with the therapy owing to the relief of her symptoms.

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