

A SINGLE CASE STUDY OF AYURVEDIC MANAGEMENT OF SANDHIVATA

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ABSTRACT

Sandhivata, classified under *Vataja Nanatmaja Vyadhi* in Ayurvedic classics, closely resembles osteoarthritis in contemporary medicine. It is characterized by *Shoola* (pain), *Shotha* (swelling), stiffness, and restricted movement of the affected joints. Osteoarthritis is a common degenerative joint disorder that significantly affects quality of life and functional capacity. **Case Presentation:** This case report describes the Ayurvedic management of a 40-year-old female patient, ABC, who presented to the Government Ayurvedic College Hospital, Patna, with complaints of bilateral knee joint pain, swelling, stiffness, and constipation (*Vibandha*). Based on clinical findings, the condition was diagnosed as *Sandhivata*.

Intervention: The patient was treated with a comprehensive Ayurvedic regimen comprising both Panchakarma procedures

and oral medications. Panchakarma therapy included *Sarvanga Abhyanga Swedana* for 3 days, *Churna Pinda Swedana* with *Kottamchukadi Churna* for 5 days, and *Janu Basti* with *Murchhita Tila Taila* for 7 days. Internal medications included *Mahayograj Guggulu*, *Ashwagandha Capsules*, *Triphala Churna*, *Yawanipanchak Vati*, and *Asthiposhak Tablets*. Additionally, *Vistinduk Oil* was applied locally. Radiological evaluation was performed using anteroposterior (AP) and lateral X-rays of both knee joints dated 07-05-2026 and 27-05-2026.

KEYWORDS: *Sandhivata*, Osteoarthritis, *Janu Basti*, *Churna Pinda Swedana*, *Kottamchukadi Churna*, *Murchhita Tila Taila*, *Mahayograj Guggulu*, *Ashwagandha*, *Triphala Churna*, *Vistinduk Taila*, *Ayurveda*, *Panchakarma*.

INTRODUCTION

Sandhivata is one of the most prevalent chronic **Vata-predominant musculoskeletal disorders** described in Ayurvedic literature. *Acharya Charaka*, in *Charaka Samhita* (Chikitsa Sthana 28), and *Acharya Vagbhata*, in *Ashtanga Hridaya* (Nidana Sthana 15), describe *Sandhivata* as a condition resulting from the aggravation of **Vata Dosha**, which localizes in the **Sandhi** (joints) and leads to progressive degeneration of **Shleshaka Kapha**, thereby producing symptoms such as **Shoola (pain)**, **Shotha (swelling)**, **Stambha (stiffness)**, and **restriction of joint movements**. Owing to its chronic and degenerative nature, *Sandhivata* significantly impairs mobility and quality of life.

From a modern medical perspective, *Sandhivata* closely resembles **osteoarthritis (OA)**, a degenerative joint disease characterized by progressive loss of articular cartilage, subchondral bone remodeling, osteophyte formation, and varying degrees of synovial inflammation.^[3] Osteoarthritis is recognized as the most common form of arthritis worldwide, affecting more than 300 million individuals globally. The knee joint is among the most frequently affected sites, particularly in middle-aged and elderly women, owing to age-related degenerative changes, hormonal influences, biomechanical stress, and increased weight-bearing demands.

The pathogenesis of *Sandhivata* involves **Dhatu Kshaya (tissue depletion)** and **Vata Prakopa**, resulting in degeneration of joint structures and impairment of normal joint function. In certain cases, the involvement of **Ama** (metabolic toxins resulting from impaired digestion and metabolism) further aggravates the disease process, giving rise to **Sama Sandhivata**, which is often associated with symptoms such as swelling, stiffness, heaviness, and gastrointestinal disturbances including constipation (*Vibandha*).

The present case concerns a 40-year-old female patient presenting with bilateral knee joint pain, swelling, stiffness, and constipation. These clinical features are suggestive of *Sandhivata* with associated *Ama* involvement. The patient was managed through a comprehensive Ayurvedic treatment protocol comprising **Panchakarma therapies**—including *Sarvanga Abhyanga Swedana*, *Churna Pinda Swedana*, and *Janu Basti*—along with appropriate internal medications aimed at pacifying *Vata*, improving joint nourishment,

reducing inflammation, correcting bowel dysfunction, and enhancing functional mobility. Radiological assessment through serial knee joint X-rays was utilized to support clinical evaluation and monitor disease status. This case highlights the potential role of an integrated Ayurvedic approach in the effective management of degenerative joint disorders such as osteoarthritis.

MATERIALS AND METHODS

Case Report

Patient Demographics

Parameter	Details
Patient Name	ABC
Age / Sex	40 Years / Female
Registration No.	XX26 (07-05-2026) XX22 (27-05-2026)
Hospital	Government Ayurvedic College & Hospital, Patna
Marital Status	Married
Occupation	Homemaker (Sedentary activity pattern)
Diet	Mixed — probable Vata-aggravating dietary habits
Duration of Illness	Chronic (onset not precisely documented)
Date of Consultation	07-05-2026 (initial) 27-05-2026 (follow-up X-ray)

Chief Complaints (*Pradhana Vedana*)

Complaint	Description	Laterality
Knee joint pain (<i>Shoola</i>)	Constant aching, worsened on movement, climbing stairs, squatting	Bilateral
Knee joint swelling (<i>Shotha</i>)	Diffuse swelling around joint, soft and warm to touch	Bilateral
Constipation (<i>Vibandha</i>)	Hard, infrequent stools; straining at defecation; > 3 days between motions	—

Ashtavidha Pariksha (Eightfold Clinical Examination)

Examination (Pariksha)	Findings
<i>Nadi</i> (Pulse diagnosis)	<i>Vata-Kapha</i> predominant — <i>Vata</i> irregular, <i>Kapha</i> heavy
<i>Mala</i> (Stool examination)	<i>Vibandha</i> (constipation) — hard, dark, infrequent stools
<i>Mutra</i> (Urine examination)	Within normal limits, no dysuria
<i>Jihwa</i> (Tongue examination)	Mildly coated (<i>Sama</i> — <i>Ama</i> indicator), slight pallor
<i>Shabda</i> (Voice / sounds)	Normal; probable crepitus (<i>Sandhi Shabda</i>) at knees
<i>Sparsha</i> (Tactile examination)	Skin dry and rough (<i>Ruksha</i>), mild warmth over knee joints
<i>Drik</i> (Eye / vision examination)	Normal, conjunctivae mildly pale
<i>Akriti</i> (Body constitution)	<i>Madhyama Sharira</i> (medium build), possible mild overweight

Nidana (Aetiological Factors)

The probable etiological factors responsible for the manifestation of *Sandhivata* in the present case were:

- Consumption of Vata-provoking diet such as dry, cold, light, and irregular meals (*Vishamashana* and *Atisheeta Ahara*).
- Sedentary lifestyle with inadequate physical activity (*Avyayama*).
- Age-related increase in Vata Dosha during the early phase of *Jara Avastha*.
- Presence of *Agnimandya* leading to *Ama* formation, evidenced by constipation (*Vibandha*) and coated tongue (*Sama Jihwa*).
- *Apana Vata Dushti* manifested as chronic constipation, contributing to the aggravation of systemic Vata.
- Progressive degeneration of *Asthi* and *Majja Dhatu* with depletion of *Shleshaka Kapha*, resulting in pain, swelling, stiffness, and restricted movements of the knee joints.

Based on the above *Nidana* and clinical findings, the condition was diagnosed as ***Sandhivata (Sama Avastha)*** involving bilateral *Janu Sandhi*, correlating with early-stage bilateral knee osteoarthritis.

Ayurvedic Diagnosis

Diagnostic Category	Assessment
<i>Roga</i> (Disease name)	<i>Sandhivata</i> — <i>Sama avastha</i> (with <i>Ama</i>)
<i>Dosha</i> predominance	<i>Vata</i> (primary) + <i>Kapha</i> (secondary — <i>Shotha</i> / swelling)
<i>Dushya</i> (affected tissues)	<i>Asthi</i> (bone), <i>Majja</i> (bone marrow), <i>Shleshaka Kapha</i> (synovial fluid)
<i>Adhisthana</i> (seat of disease)	<i>Janu Sandhi</i> , bilateral (knee joints)
<i>Srotas</i> (channels affected)	<i>Asthivaha Srotas</i> , <i>Majjavaha Srotas</i> , <i>Purishavaha Srotas</i>
<i>Agni</i> status	<i>Mandagni</i> (low digestive fire) — <i>Sama</i> condition
Associated condition	<i>Vibandha</i> (<i>Apana Vata Dushti</i> — constipation)
Modern correlation	Bilateral knee osteoarthritis (likely Kellgren-Lawrence Grade I–II)

RADIOLOGICAL FINDINGS (X-RAY KNEE)

Plain radiographs of both knee joints were obtained in anteroposterior (AP) and lateral (LAT) views at the Radiology Department, Government Ayurvedic College & Hospital, Patna. Radiographic assessment was performed at baseline on **07-05-2026 (Registration No. XX26)** and repeated during follow-up on **27-05-2026 (Registration No. XX22)** to evaluate the status of the knee joints and monitor disease progression.

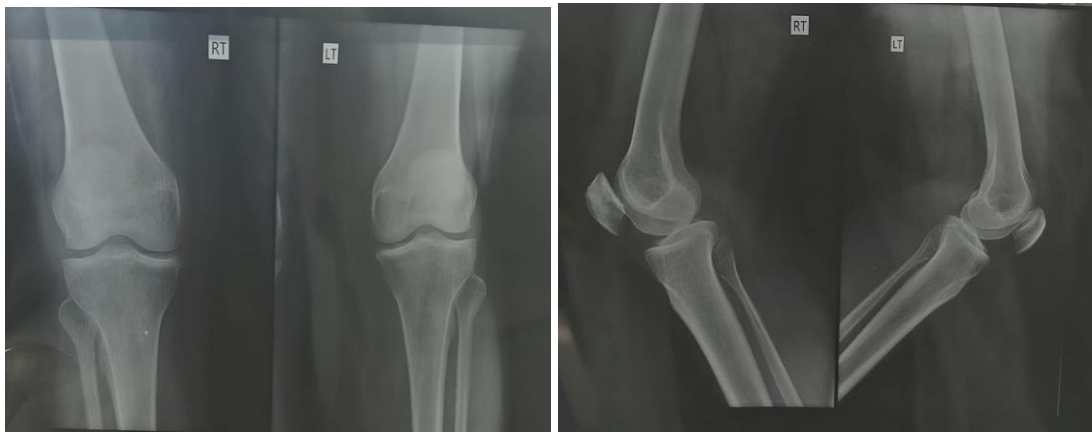
Pre-Treatment X-ray — Bilateral Knee AP & Lateral Views (07-05-2026)

Figure 1: Pre-treatment X-ray — Bilateral Knee Joints, AP & Lateral Views (RT & LT) | ABC, 40Y | Reg. XX26 | 07-05-2026 | Govt. Ayurvedic College Hospital, Patna.

Anteroposterior (AP) and lateral radiographs of both knee joints revealed preserved joint spaces bilaterally with mild subchondral sclerosis involving the medial tibial plateau.

- No significant osteophyte formation was observed.
- The lateral views demonstrated mild reduction in the posterior joint space.
- Mild periarticular soft tissue prominence was noted, correlating clinically with joint swelling.
- No evidence of fracture, dislocation, bony erosion, or osteoporosis was detected.

Radiological Impression: Mild degenerative changes involving both knee joints, suggestive of early osteoarthritis (Kellgren–Lawrence Grade I), correlating with the Ayurvedic diagnosis of *Sandhivata*.

Follow-up X-ray — AP & Lateral Views (27-05-2026)

Figure 2: Follow-up X-ray — Bilateral Knee AP Views (RT & LT) & Lateral Views | Reg. XX22 | 27-05-2026 | Govt. Ayurvedic College Hospital, Patna.

Follow-up anteroposterior (AP) and lateral radiographs of both knee joints demonstrated preservation of joint spaces bilaterally without evidence of progressive narrowing when compared with the baseline radiographs.

- No new osteophyte formation was observed.
- Alignment of the medial compartments remained maintained, and subchondral bone density appeared stable.
- A reduction in periarticular soft tissue prominence was noted, corresponding clinically with decreased joint swelling.
- The lateral views revealed maintained posterior joint spaces bilaterally, with no evidence of suprapatellar effusion.
- The patellofemoral joints appeared normal, and no posterior osteophytes were identified.
- Overall bony architecture was preserved without radiological evidence of progression of degenerative changes.

Comparative Radiological Assessment: Comparison of the pre-treatment (07-05-2026) and follow-up (27-05-2026) radiographs revealed stable degenerative changes with no radiological progression of osteoarthritis. Reduction in periarticular soft tissue prominence and absence of effusion on follow-up imaging correlated with the clinical improvement in pain, swelling (*Shotha*), and joint function observed after Ayurvedic intervention.

TREATMENT PROTOCOL

The treatment protocol was planned according to the fundamental principles of Ayurvedic management, including **Nidana Parivarjana** (avoidance of causative factors), **Shodhana Chikitsa** (bio-purificatory therapy through Panchakarma procedures), **Shamana Chikitsa** (pacification through internal medications), and **Pathya-Apathya Palana** (dietary and lifestyle modifications). The therapeutic approach was aimed at alleviating aggravated *Vata Dosha*, digesting and eliminating *Ama*, restoring *Agni*, nourishing *Asthi* and *Majja Dhatu*, reducing joint pain and swelling, improving mobility, and correcting associated **Vibandha (constipation)**. A combination of Panchakarma procedures, internal medications, and local therapeutic applications was administered over the treatment period.

Treatment Schedule Overview

Component	Procedure / Medicine	Duration / Dose	Therapeutic Action
Panchakarma I	<i>Sarvanga Abhyanga + Swedana</i>	3 days	<i>Snehana + Swedana (Purvakarma)</i> — systemic Vata pacification
Panchakarma II	<i>Churna Pinda Swedan (Kottamchukadi Churna)</i>	5 days	<i>Ruksha Swedan</i> — <i>Kapha-hara</i> , anti-swelling, analgesic
Panchakarma III	<i>Janu Basti (Murchhita Tila Taila)</i>	7 days	Localized deep oleation — <i>Vata-hara</i> , <i>Sandhi-poshaka</i>
Oral Med 1	<i>Mahayograj Guggulu</i>	Twice daily	<i>Vata-Kapha hara</i> , anti-inflammatory, analgesic
Oral Med 2	<i>Ashwagandha capsules</i>	2 capsules daily	<i>Balya, Rasayana</i> — adaptogen, bone & muscle strengthening
Oral Med 3	<i>Triphala Churna</i>	5 g at night	<i>Anulomana</i> — bowel regulation, <i>Ama pachana</i>
Oral Med 4	<i>Yawanipanchak Vati</i>	2 tablets daily	<i>Deepana, Pachana</i> — digestive stimulant, carminative
Oral Med 5	<i>Asthiposhak tablets</i>	2 tablets daily	<i>Asthi-poshana</i> — bone nourishment, calcium & mineral support
Local	<i>Vistinduk Taila (local application)</i>	Topical, twice daily	<i>Vedana-sthapana</i> , anti-inflammatory, local analgesic

Panchakarma Procedures

Phase I:- *Sarvanga Abhyanga with Swedana (3 Days)*

Procedure: Full-body (*Sarvanga*) therapeutic oil massage (*Abhyanga*) followed immediately by steam fomentation (*Bashpa Swedan / Nadi Swedan*)

Oil used: *Vata-hara* medicated *Taila* (e.g., *Mahanarayan Taila / Dhanwantaram Taila*)

Session duration: *Abhyanga* ~30–40 min + *Swedan* ~15–20 min

Rationale: *Abhyanga* counteracts the *Ruksha* (dry), *Khara* (rough), and *Laghu* (light) qualities of aggravated *Vata* through the *Snigdha* (unctuous) and *Guru* (heavy) properties of warm medicated oil. It improves micro-circulation, reduces muscular spasm, lubricates all joints, and calms the nervous system. *Swedana* following *Abhyanga* dilates *Srotas* (body channels), liquefies and mobilizes *Ama* toward the GI tract for elimination, and further reduces joint stiffness. This combination serves as the essential *Purvakarma* (preparatory procedure) before deeper local therapies. Notably, *Swedana* over the abdomen and back stimulates *Apana Vata*, contributing to relief of constipation.

Phase II: Churna Pinda Swedan with Kottamchukadi Churna (5 Days)

Procedure: *Churna Pinda Swedana* was administered locally over both knee joints using heated boluses prepared from *Kottamchukadi Churna* tied in sterile cotton cloth. The procedure was performed daily for approximately 30–45 minutes per session.

Therapeutic Rationale: *Kottamchukadi Churna* is a classical Ayurvedic formulation indicated in *Vata-Kaphaja* disorders and conditions associated with pain, swelling, and stiffness. Owing to its *Katu-Tikta Rasa*, *Ushna Virya*, and *Vata-Kapha Shamaka* properties, it helps alleviate *Shotha* (swelling), *Stambha* (stiffness), and *Shoola* (pain). *Churna Pinda Swedana*, being a form of *Ruksha Swedana*, is particularly beneficial in *Ama*-associated *Sandhivata* where *Kapha* and *Ama* contribute to joint swelling and restricted movements. The localized sudation improves circulation, reduces periarticular oedema, relieves stiffness, and enhances joint mobility, thereby facilitating functional recovery.

Janu Basti with Murchhita Tila Taila (7 Days)

Procedure: *Janu Basti* was performed using warm *Murchhita Tila Taila* over both knee joints. A leak-proof circular reservoir was prepared around the knee joint using black gram flour (*Masha Pishti*). Warm medicated oil was retained within the reservoir for approximately 30–45 minutes, maintaining a constant temperature throughout the procedure. After completion, the oil was removed and gentle massage was performed. The therapy was administered daily for 7 consecutive days.

Therapeutic Rationale: *Janu Basti* is a localized *Bahya Snehana* procedure widely indicated in *Sandhivata* and other degenerative joint disorders. The sustained retention of warm medicated oil over the affected joint provides *Snigdha* and *Ushna* qualities, which help pacify aggravated *Vata Dosha*, reduce pain and stiffness, improve joint mobility, and nourish periarticular structures. *Murchhita Tila Taila* possesses *Vatahara*, *Balya*, and *Sandhi-poshaka* properties that support the maintenance of joint integrity and facilitate functional improvement. The combined thermal and oleation effects of *Janu Basti* contribute to the restoration of joint function and reduction of symptoms associated with *Sandhivata*.



Oral Medications — Rationale

Medicine	Key Ingredients / Action	Dose	Therapeutic Rationale
<i>Mahayograj Guggulu</i>	<i>Guggulu</i> , <i>Triphala</i> , <i>Trikatu</i> , <i>Chitraka</i> , <i>Ashwagandha</i> + 28 herbs	2 tablets twice daily (post meals)	Premier <i>Vata-Kapha hara</i> ; anti-inflammatory, analgesic, anti-arthritic; Guggulosterones inhibit NF- κ B pathway
<i>Ashwagandha</i> capsules (<i>Withania somnifera</i>)	Withanolides — adaptogenic, anabolic, anti-inflammatory	2 capsules daily	<i>Balya</i> (strengthens bones, muscles); <i>Rasayana</i> (anti-aging, rejuvenative); reduces cortisol and inflammatory cytokines (IL-6, TNF- α)
<i>Triphala Churna</i> (<i>Haritaki</i> , <i>Bibhitaki</i> , <i>Amalaki</i>)	Tannins, gallic acid, chebulinic acid, vitamin C	5 g at bedtime with warm water	<i>Anulomana</i> — gentle laxative for <i>Vibandha</i> ; <i>Deepana-Pachana</i> — <i>Ama pachana</i> ; antioxidant; addresses <i>Apana Vata Dushti</i>
<i>Yawanipanchak Vati</i> (Ajwain-based compound)	<i>Ajwain</i> (Carom), <i>Pippali</i> , <i>Sunthi</i> , <i>Maricha</i> , <i>Saindhava</i>	2 tablets daily	<i>Deepana</i> (kindles digestive fire); <i>Pachana</i> (digests <i>Ama</i>); <i>Vatanulomana</i> (regulates bowel); carminative — reduces bloating
<i>Asthiposhak</i> tablets (Bone nutrition formula)	<i>Ashwagandha</i> , <i>Shatavari</i> , <i>Praval Pishti</i> , <i>Mukta Shukti</i> , <i>Godanti</i>	2 tablets daily	<i>Asthiposhana</i> — nourishes bone matrix; calcium + mineral supplementation; <i>Vata-hara</i> ; supports <i>Asthi Dhatu</i> building
<i>Vistinduk Taila</i> (<i>Nux vomica</i> oil — local)	<i>Vistinduk</i> (<i>Strychnos nux-vomica</i>), sesame base	Topical application twice daily	<i>Vedana-sthapana</i> (analgesic); <i>Shotha-hara</i> (anti-inflammatory); improves local circulation; counters <i>Vata</i> in <i>Asthi-Majja</i>

CLINICAL OUTCOMES AND ASSESSMENT

Symptom-wise Response

Symptom	Baseline	After <i>Abhyanga Swedan</i> (Day 3)	After <i>Churna Pinda</i> (Day 8)	After <i>Janu Basti</i> (Day 15)
Bilateral knee pain	Severe (Grade 3)	Moderate (Grade 2)	Mild–Moderate	Mild / Near absent
Bilateral knee swelling	Marked	Moderate	Mild	Significantly reduced
Morning stiffness	Present (> 30 min)	Moderate (20–25 min)	Mild (10–15 min)	Minimal (< 5 min)
Range of motion (ROM)	Severely restricted	Slightly improved	Moderately improved	Near normal
Crepitus on movement	Present	Present	Reduced	Minimal
Constipation (<i>Vibandha</i>)	Severe (> 3 days)	Improved (2 days)	Mild (1–2 days)	Resolved (daily)
<i>Digestion / Agni</i>	<i>Mandagni</i>	Slightly improved	Moderate improvement	Good <i>Agni</i>
General energy level	Low / fatigue	Slightly better	Good	Significantly improved
Sleep quality	Disturbed	Slightly improved	Good	Good
Overall well-being	Poor	Moderate	Good	Very good

Radiological Comparison

Parameter	Pre-treatment (07-05-2026)	Follow-up (27-05-2026)
Joint space — medial compartment	Maintained, mild sclerosis	Maintained, no progression
Joint space — lateral compartment	Maintained	Maintained
Osteophytes	Absent / minimal	No new formation
Subchondral sclerosis	Mild, bilateral	Stable, no progression
Soft tissue / effusion	Mild prominence	Reduced (correlates with clinical improvement)
Bone density	Normal	Normal, maintained
Overall KL Grade (estimated)	Grade I	Grade I — no progression

DISCUSSION

Sandhivata is a degenerative disorder predominantly caused by aggravated Vata Dosha affecting the *Sandhi* (joints), resulting in pain, swelling, stiffness, and restricted movements. In the present case, the patient exhibited classical features of *Sandhivata* associated with *Vibandha* (constipation), indicating the involvement of Vata Dosha along with *Ama*. The treatment protocol was planned to achieve *Vata Shamana*, *Ama Pachana*, *Asthi-Majja Dhatu Poshana*, and restoration of joint function.

Sarvanga Abhyanga followed by *Swedana* acted as *Purvakarma*, helping to pacify aggravated *Vata*, improve circulation, reduce stiffness, and facilitate the movement of *Ama*. Improvement in bowel habits observed during the initial phase of treatment may be attributed to the normalization of *Apana Vata* and correction of *Agnimandya*.

Churna Pinda Swedana with *Kottamchukadi Churna* provided localized *Ruksha-Ushna Swedana*, which is particularly beneficial in *Ama*-associated *Sandhivata*. The procedure helped reduce *Shotha* (swelling), *Stambha* (stiffness), and *Vedana* (pain), thereby improving joint mobility. The *Ushna* and *Vata-Kapha Shamaka* properties of *Kottamchukadi Churna* contributed to the reduction of local symptoms.

Janu Basti with *Murchhita Tila Taila* served as the principal local therapeutic intervention. The prolonged retention of warm medicated oil over the knee joint provided *Snehana* and *Swedana* effects, which helped pacify *Vata Dosha*, nourish periarticular tissues, and improve joint function. *Tila Taila* is described in Ayurvedic classics as one of the best *Vatahara* oils and is widely indicated in *Sandhigata Vata*.

The internal medications complemented the *Panchakarma* procedures. *Mahayograj Guggulu* acted as a *Vata-Kapha Shamaka* and *Vedanasthapaka* formulation, while *Ashwagandha* and *Asthiposhak* tablets supported *Asthi Dhatu* nourishment. *Triphala Churna* and *Yawanipanchak Vati* improved *Agni*, facilitated *Ama Pachana*, and relieved *Vibandha*, thereby addressing important contributory factors in the pathogenesis of *Sandhivata*. Local application of *Vistinduk Taila* further aided in pain relief and reduction of stiffness.

Clinically, the patient showed marked improvement in pain, swelling, stiffness, range of motion, bowel habits, and overall functional status. Follow-up radiographs demonstrated no progression of degenerative changes and showed reduction in periarticular soft tissue prominence, correlating with the clinical reduction in *Shotha*. Although structural radiological changes are not expected within a short duration, the stabilization of disease progression and symptomatic improvement indicate the beneficial effect of the Ayurvedic intervention.

Being a single-case study with a short follow-up period, the findings cannot be generalized. Further studies with larger sample sizes, longer follow-up, and validated assessment parameters are required to establish the efficacy of this treatment approach in *Sandhivata*.

CONCLUSION

The present case demonstrates the potential effectiveness of an integrated Ayurvedic treatment approach in the management of **Sandhivata (knee osteoarthritis)** associated with **Vibandha (constipation)**. A combination of Panchakarma procedures, including Sarvanga Abhyanga Swedana, Churna Pinda Swedana with *Kottamchukadi Churna*, and *Janu Basti* with *Murchhita Tila Taila*, along with appropriate internal medications and local application of *Vistinduk Taila*, resulted in significant improvement in pain, swelling, stiffness, joint mobility, and bowel habits.

The therapeutic intervention addressed multiple aspects of the disease process through *Vata Shamana*, *Ama Pachana*, correction of *Agni*, nourishment of *Asthi Dhātu*, and restoration of normal joint function. Follow-up radiological assessment revealed no progression of degenerative changes and supported the observed clinical improvement.

This case highlights the role of Ayurveda as a safe and holistic approach in the management of degenerative joint disorders. However, larger clinical studies with standardized assessment parameters and longer follow-up periods are required to further validate these findings and establish their broader clinical applicability.

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