

## MANAGEMENT OF KOSHTUKSHIRSHA (PREPATELLAR BURSITIS) THROUGH AYURVEDIC INTERVENTIONS: A CASE STUDY

<sup>1</sup>Dr. Channamma S. Hiremath, <sup>\*2</sup>Dr. Pranit Singi, <sup>3</sup>Dr. Aditi Dongare

<sup>1</sup>Professor, Department of Kayachikitsa, Seth Govindji Raoji Ayurveda Mahavidyalaya and Hospital, Solapur, Maharashtra, India.

<sup>\*2,3</sup>PG Scholar, Department of Kayachikitsa, Seth Govindji Raoji Ayurveda Mahavidyalaya and Hospital, Solapur, Maharashtra, India.

Article Received on 05 June 2026,  
Article Revised on 25 June 2026,  
Article Published on 01 July 2026,  
<https://doi.org/10.5281/zenodo.21054760>

### \*Corresponding Author

**Dr. Pranit Singi**

PG Scholar, Department of  
Kayachikitsa, Seth Govindji Raoji  
Ayurveda Mahavidyalaya and  
Hospital, Solapur, Maharashtra, India.



**How to cite this Article:** <sup>1</sup>Dr. Channamma S. Hiremath, <sup>\*2</sup>Dr. Pranit Singi, <sup>3</sup>Dr. Aditi Dongare. (2026). Management Of Koshtukshirsha (Prepatellar Bursitis) Through Ayurvedic Interventions: A Case Study. World Journal of Pharmaceutical Research, 15(13), 1205-1210.

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### ABSTRACT

Koshtukshirsha is described by Acharya Sushruta as a disease characterized by swelling over the Janu Sandhi resembling the head of a shell (Koshta), accompanied by pain and restriction of movement. It can be correlated with Prepatellar Bursitis in contemporary medicine. The present case study evaluates the efficacy of Ayurvedic management in a patient suffering from Koshtukshirsha. A 32-year-old Female patient presented with pain, swelling, tenderness, and difficulty in knee movements for two months. The patient was treated with Jalaukavacharana, Dashamoola Kashaya Dhara, Nadi Sweda, Latakaranja Churna Lepa, Kala Basti (16 days), and internal Ayurvedic medications for 30 days. Assessment was carried out on the basis of pain, swelling, tenderness and functional disability. Significant improvement was observed in all clinical parameters. The findings suggest that Ayurvedic management may provide

effective symptomatic relief and functional improvement in Koshtukshirsha.

**KEYWORDS:** Koshtukshirsha, Janu Sandhi, Prepatellar Bursitis, Ayurveda, Sandhigata Vikara, Case Study.

## INTRODUCTION

Koshtukshirsha is described by Acharya Sushruta. The disease is characterized by elevated swelling over the Janu Sandhi resembling the head of a shell accompanied by pain and functional impairment. Vitiated Vata associated with Rakta and Kapha Dosha plays a major role in its pathogenesis. The disease mainly involves Mamsa, Rakta and Sandhi structures leading to Shotha and Vedana.<sup>[1]</sup>

In contemporary medicine, Koshtukshirsha may be correlated with Prepatellar Bursitis, an inflammatory condition involving the prepatellar bursa situated between the skin and patella. Repeated trauma, prolonged kneeling, infection and inflammatory arthropathies are common etiological factors.<sup>[2]</sup>

Ayurvedic treatment aims at correcting Dosha imbalance, reducing inflammation, alleviating pain, and restoring joint function. Ayurvedic principles include Raktamokshana, Shothahara, Vedanasthapana, Vata-Kapha Shamaka measures, and Panchakarma therapies. The present case was managed with a comprehensive treatment protocol involving Jalaukavacharana, Kala Basti, external therapies and internal medicines. This case study highlights the effectiveness of Ayurvedic interventions in managing Koshtukshirsha.

## MATERIALS AND METHODS

### Case Report

A 32-year-old Female patient admitted in the Indoor patient Department of Kayachikitsa with complaints of:

- Swelling over the anterior aspect of the right knee
- Pain during walking and squatting
- Tenderness on palpation
- Difficulty in knee flexion

Duration: 6 months

### Clinical Findings

- Localized swelling over prepatellar region
- Mild warmth
- Tenderness present
- Restricted knee flexion due to pain

**Investigations**

- Complete Blood Count: Hb : 13.6 gm/dl, WBC Count : 9520 cells/cu.mm Platelet Count: 4,06,000/ul
- ESR: Mildly elevated (21mm/hr)
- CRP : Elevated (17.56 mg/L)
- X-ray Knee Joint: No bony abnormality
- MRI Rt. Knee joint: Mild knee joint effusion without obvious evident synovial thickening, Mild fluid in supra- patellar space.
- Clinical diagnosis suggestive of Prepatellar Bursitis

Ayurvedic Diagnosis

Koshtukshirsha

Treatment Protocol

**Shodhana Chikitsa****1. Jalaukavacharana**

Applied locally over affected knee joint.

Acharya Sushruta has indicated Jalaukavacharana as the best treatment in Rakta-Pitta predominant inflammatory disorders and localized swelling.<sup>[3]</sup>

**2. Dashamoola Kashaya Dhara**

Daily over affected knee for 16 days.

Dashamoola possesses Shothahara, Vedanasthapana and Vata-Kapha Shamaka properties.<sup>[4]</sup>

**3. Nadi Sweda**

Administered after Dhara over knee joint.

Swedana relieves Stambha, Gaurava and Shoola and promotes Srotoshodhana.<sup>[5]</sup>

**4. Latakaranja Churna Lepa**

Local application once daily.

Latakaranja is described as Shothahara, Vedanasthapana and Kandughna.<sup>[6]</sup>

**5. Kala Basti (16 Days)****Anuvasana Basti**

Tila Taila 60 ml

### Niruha Basti

Dashamoola Kwatha based Niruha Basti

Basti is regarded as Ardha Chikitsa and the best therapy for Vata disorders.<sup>[7]</sup>

### Punarnavadi Upanah Swed

Punarnavadi Upanaha Sweda is a type of Niragni Sweda in which a warm herbal poultice (Upanaha) prepared from Punarnava and other drugs is applied over the affected joint or body part and bandaged for a specific duration. Commonly used in Janusandhigata Vata, pain, stiffness, and swelling. Upanaha Sweda is described in classical Ayurvedic texts under Swedana Karma.<sup>[8]</sup>

### Shamana Chikitsa

Drug	Dose	Anupana	Duration
Kaishora Guggulu	3 tablets BD	Koshna jal paschatbhkt	30 Days
Guggulu Tikta ghrutam Capsule	1 Capsule TDS	Koshna jal paschatbhkt	30 Days
Raktapachak Vati	2 Tablets BD	Koshna jal paschatbhkt	30 Days
Maharasnadi Kadha	10 ml BD	Koshna jal paschatbhkt	30 Days
Yogaraj Guggulu	500 mg BD	Koshna jal paschatbhkt	30 Days
Eranda Taila	10 ml HS	With Maharasnadi kadha Nishakali	30 Days
Gandharva Haritaki Churna	1.5 g HS	Nishakali with koshna jal	30 Days

### Assessment Criteria

#### Subjective Parameters<sup>[10]</sup>

#### Pain (Vedana)

- 0 = No pain
- 1 = Mild pain
- 2 = Moderate pain
- 3 = Severe pain

#### Tenderness

- 0 = Absent
- 1 = Mild
- 2 = Moderate
- 3 = Severe

#### Difficulty in Walking

- 0 = No difficulty
- 1 = Mild

2 = Moderate

3 = Severe

### Objective Parameters

#### Swelling Circumference

Measured in centimeters around knee joint.

#### VAS Scale

0–10 score

## RESULTS AND DISCUSSION

### Results

Parameter	Before Treatment	After 30 Days
Pain	3	1
Swelling	4.2 cm(Marked)	1.2(Minimal)
Tenderness	3	0
Difficulty in Walking	3	1
Knee Flexion	Restricted	Near Normal

### DISCUSSION

Koshtukshirsha is predominantly a Vata-Kapha disorder involving the Janu Sandhi. The accumulation of Kapha and localized Vata aggravation results in swelling, stiffness, and pain. The selected treatment protocol was aimed at reducing inflammation, relieving pain, and restoring normal movement.

Jalaukavacharana facilitates removal of vitiated Rakta and inflammatory mediators. Dashamoola Kashaya Dhara and Nadi Sweda alleviate Vata, reduce edema and improve local circulation. Kala Basti acts systemically on aggravated Vata, thereby relieving pain and restoring joint function. Kaishora Guggulu and Raktapachaka Vati provide Rakta-Prasadana and anti-inflammatory effects. Yogaraja Guggulu and Maharasnadi Kadha contribute to Vata-Kapha Shamana and reduction of joint stiffness.

The combined action of Shodhana and Shamana therapies resulted in significant reduction in pain and swelling and clinical improvement is observed in this case indicates the effectiveness of Ayurvedic management. Improvement in joint mobility suggests restoration of normal joint function through reduction of local inflammation and Vata alleviation.

## CONCLUSION

The present case study demonstrates that Ayurvedic management can provide significant relief in Koshtukshirsha (Prepatellar Bursitis) consisting of Jalaukavacharana, Dashamoola Kashaya Dhara, Kala Basti, Nadi Sweda, Latakaranja Churna Lepa and internal medications is effective in reducing pain, swelling, tenderness and functional disability associated with Koshtukshirsha. The treatment was safe, economical and yielded encouraging results. Larger clinical studies are warranted to establish the efficacy of this treatment protocol.

## ACKNOWLEDGEMENTS

The authors express sincere gratitude to the faculty and staff of the Department of Kayachikitsa, Seth Govindji Raoji Ayurveda Mahavidyalaya and Hospital, Solapur, for their guidance and support. Special thanks are extended to the patient for providing consent and cooperation throughout the treatment period.

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