

HOLISTIC AYURVEDIC MANAGEMENT OF SANDHIVATA (OSTEOARTHRITIS): A SINGLE CASE STUDY

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ABSTRACT

Osteoarthritis (OA) is a common degenerative joint disorder marked by the gradual deterioration of articular cartilage and alterations in the underlying bone. These changes result in pain, stiffness, and restricted joint movement, ultimately impairing daily function and quality of life. The management of OA typically integrates both pharmacological and non-pharmacological strategies to relieve symptoms and enhance well-being.^[1] In *Ayurveda*, a condition similar to osteoarthritis is described as *Sandhivata*, which manifests through joint pain, stiffness, and swelling. This condition is primarily attributed to an imbalance of *Vata Dosha*, leading to the degeneration of joints and associated tissues.^[2] Regular full-body oil massage (*Abhyanga*) with warm, medicated oils helps to nourish the tissues, enhance blood circulation, and pacify aggravated Vata. Additionally, *Basti* therapy (medicated enema) is considered a key treatment for disorders rooted in *Vata* imbalance, offering significant relief in conditions like *Sandhivata*.

KEYWORDS: Osteoarthritis, Sandhivata, Vata Dosha, Abhyanga, Basti Therapy.

INTRODUCTION

Osteoarthritis (OA) is a long-term degenerative joint condition marked by the gradual wearing away of cartilage, thickening of the bone margins, and hardening of the subchondral bone. In India, its prevalence has been reported to be around 28.7%, reflecting a significant burden on the population.^[3]

The symptoms of osteoarthritis (OA) can differ from person to person. Depending on which joints are affected, it may lead to varying degrees of functional limitations and significantly impact an individual's quality of life (QoL). Occupational therapy (OT) serves as an important component in managing arthritis, particularly OA, by helping patients maintain mobility and improve daily functioning.^[4]

According to *Charaka Chikitsasthana*, the signs and symptoms of the condition include **Vatapurnadratisparsha** (a sensation of tenderness and fullness in the joints), **Shotha** (swelling), and **Prasarana Kunchana Pravritti Savedana** (pain experienced during the movement of joint extension and flexion).^[5]

This condition is correlated with osteoarthritis (OA). Its characteristic features include pain in weight-bearing joints, brief morning stiffness, restricted joint movement, crepitus (a grating sound or sensation during movement), bony enlargement, joint effusion, and instability of the affected joints.^[6]

AIM AND OBJECTIVE

To evaluate the effectiveness of *Shamana* therapy along with *Panchakarma* procedures (*Janu Basti* and *Matra Basti*) in the management of *Sandhivata* with special reference to Osteoarthritis.

MATERIAL AND METHODS

For this study, patients were selected from the In-Patient Department (IPD) of Government Ayurveda College and Hospital, Rewa.

CASE REPORT

A 61-year-old female patient visited the In-Patient Department (IPD) of Government Ayurveda College and Hospital, Rewa, seeking medical consultation and treatment.

Demographic data

- Age: 61 years
- Sex: female
- Religion: Hindu
- Education: illiterate
- Occupation: Housewife
- Marital status: Married
- Socio-economic status: Lower Middle class

Presenting complaints with duration

S.N.	Complaints	Duration
1.	Pain in both knee joint, aggravating with knee bending climbing stairs and physical activity, relieved with rest	4 year
2.	Early morning stiffness ≤ 25 min.	3 year
3.	pain in interphalangeal joints B/L hands	3 year

EXAMINATION**General examination**

Pulse: 82bpm

B.P: 130/80 mm of Hg

Temp.: 98.2°F

R.R: 16/M

Pallor: absent

Icterus: absent

Cyanosis: absent

Oedema: moderate

Clubbing: absent

Lymph node: not palpable

ASHTASTHANA PARIKSHA

Nadi: Vata,pitta	Shabda: Normal
Mutra: Normal	Sparsa: Normal
Mala: Normal	Drika: Normal
Jihva: Normal	Aakriti: Moderately, no deformities

Local examination- Swelling on both knee joints

Tenderness in both knee joints.

Creptitation present.

DIAGNOSTIC CRITERIA

Table No. 1.

Parameter	Criteria
Pain (VAS Scale)	(0)No pain
	(1-3)Mild pain
	(4-6)Moderate Pain
	(7-10)Severe Pain

Table No. 2: Tenderness.

No tenderness	0
Acc to patient, tenderness	1
Wincing of face	2
Wincing of face and withdrawal of affecting part	3

Table No. 3: Shotha (Swelling).

No swelling	0
Slight swelling	1
Moderate swelling	2
Severe swelling	3

Table No. 4: Crepitus.

No crepitus	0
Complained by patient but not felt on examination	1
Felt on examination	2
Felt and heard on examination	3

Investigations

X- ray of knee joint



TREATMENT

SHAMANA CHIKITSA

Rasna Guggulu was administered in a dose of 250 mg twice daily BD with lukewarm water after meals.

Sahacharadi Kwatha was administered in a dose of 20 ml twice daily BD before meals.

Dashmoolarishta was administered in a dose of 20 ml twice daily BD after meals.

PANCHKARMA PROCEDURE

Matra Basti was administered using 60 ml of *Sahacaradi Taila* daily for a duration of 8 days.

Ubhay Janu basti.

Vedanasamhari kalpa for Local application

OBSERVATION AND RESULTS

Criteria	BT	AT
Pain	Moderate	Mild
Tenderness	2	0
Swelling	2	0
Crepitus	3	1

DISCUSSION

Osteoarthritis is the most prevalent form of arthritis, particularly among older adults. Due to its high occurrence and detrimental effects on physical mobility, it stands as one of the major causes of disability in the elderly population.^[7]

Sandhivata is a type of **Vata-related disorder (Vatavyadhi)** that commonly affects individuals in old age, leading to joint discomfort and reduced mobility.^[8]

Osteoarthritis, known as *Sandhivata* in *Ayurveda*, is a degenerative joint disorder primarily resulting from *Vata Dosha* imbalance. The patient in this study presented with classical symptoms such as pain, stiffness, swelling, and crepitus in both knee joints, which closely correlate with the *Ayurvedic* description of *Sandhivata*.

The combined use of *Shamana* and *Panchakarma* therapies aimed to pacify aggravated *Vata Dosha*, reduce inflammation, and restore normal joint function. *Matra Basti* with *Sahacharadi Taila* provided internal oleation and nourishment to the joints, while *Ubhay*

Janu Basti offered localized relief from pain and stiffness by improving circulation and soft tissue flexibility.

Internal medications like ***Rasna Guggulu***, ***Sahacharadi Kwatha***, and ***Dashmoolarishta*** acted synergistically to reduce inflammation (*Shotha*), alleviate pain (*Shoola*), and strengthen musculoskeletal structures. These formulations are known for their *Vatahara*, *Shothahara*, and *Rasayana* properties, which enhance joint lubrication and prevent further degeneration.

After the course of treatment, marked improvement was observed in the patient's pain, tenderness, and swelling scores. The reduction in *crepitus* and improvement in joint movement indicated a significant restoration of functional mobility. This suggests that an integrated Ayurvedic approach effectively addresses both symptomatic relief and underlying pathophysiology in osteoarthritis.

CONCLUSION

The present case demonstrates that holistic *Ayurvedic* management combining ***Shamana Chikitsa*** with ***Panchakarma*** procedures *Matra Basti* and *Janu Basti* is highly effective in the management of *Sandhivata* (Osteoarthritis). The therapy not only provided relief from pain and stiffness but also improved joint function and overall quality of life.

Thus, *Ayurveda* offers a safe, sustainable, and comprehensive therapeutic approach to degenerative joint disorders like osteoarthritis by targeting *Vata Dosha* imbalance, promoting tissue nourishment, and enhancing mobility. Further clinical studies with larger sample sizes are encouraged to validate these findings scientifically.

REFERENCE

1. Felson, D. T., Lawrence, R. C., & Dieppe, P. A. (2016). Osteoarthritis: New insights. *Annals of Internal Medicine*, 161(4): 336-344.
2. Sushruta Samhita. (2006). *Sushruta Samhita: The Treatise on Surgery*. Translated by K. K. Pandey. Chaukhambha Orientalia.
3. Pal CP, Singh P, Chaturvedi S, Pruthi KK, Vij A. Epidemiology of knee osteoarthritis in India and related factors. *Indian J Orthop*, 2016; 50: 518-522.
4. American Occupational Therapy Association. *Occupational Therapy's Role in Managing Arthritis: Fact Sheet*. Bethesda, MD: American Occupational Therapy Association; 2011.

Available from: [https:// www.aota.org/~media/Corporate/Files/AboutOT/Professionals/WhatIsOT/PA/Facts/Arthritis%20fact%20sheet.pdf](https://www.aota.org/~media/Corporate/Files/AboutOT/Professionals/WhatIsOT/PA/Facts/Arthritis%20fact%20sheet.pdf). [Last accessed on 2019 Dec 03].

5. Agnivesha, Dridabala Charak Samhita- Vidyotani Hindi commentary by Kashinath shastri and Pandit Gorakha nath chaturvedi, Part – 2, Chaukhambha Bharati academy, chapter chikitsa sthana, 2015; 783: 28–37.
6. Kumar and Clark's clinical medicine, 10: 18.
7. Jameson, Fauci, Kasper St. Clair, Harrison's Principles of Internal Medicine, 2, 20: 364.
8. Agnivesha, Dridabala Charak Samhita- Vidyotani Hindi commentary by Kashinath shastri and Pandit Gorakhanath chaturvedi, Part-2, Chaukhambha Bharati academy, chapter chikitsa sthana, 2015; 783: 28–37.