

## AYURVEDIC MANAGEMENT OF SANDHIGATVATA W.S.R. TO OSTEODARTHRTIS -A CASE STUDY

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### ABSTRACT

Sandhigata Vata, described under Vata Vyadhi in classical Ayurvedic texts, closely resembles Osteoarthritis in contemporary medicine. It is characterized by symptoms such as Shula (pain), Shotha (swelling), Stambha (stiffness), Sparsha-asahyata (tenderness), and painful restriction of joint movements. Osteoarthritis is a degenerative joint disorder commonly affecting weight-bearing joints, leading to progressive disability and impaired quality of life. This case study presents a 56-year-old female patient who reported bilateral knee joint pain and swelling, difficulty in walking, and pain in both hands for the past one year. The symptoms were aggravated by movement and exposure to cold and were associated with stiffness and restricted joint mobility. Despite undergoing Allopathic treatment, she experienced no significant relief and was admitted to the Kayachikitsa O.P.D. with a clinical diagnosis of Sandhigata Vata. Clinical

examination and Ashtavidha Pariksha findings supported the diagnosis. The management protocol included Panchakarma procedure (Janu Basti), internal Ayurvedic medications, and dietary regulation. The treatment aimed at pacifying aggravated Vata Dosha, nourishing Asthi and Majja Dhatu, and improving joint function. Post-treatment assessment showed significant reduction in pain, swelling, stiffness, and improvement in mobility and overall

quality of life. This case highlights the potential effectiveness of Ayurvedic management, including Panchakarma and internal medications, in the successful management of Sandhigata Vata.

**KEYWORDS:** Sandhigata Vata, Osteoarthritis, Janu Basti, Panchakarma, Vata Vyadhi, Janusandhi Shula, Degenerative Joint Disease, Asthi Dhatu.

## INTRODUCTION

The disease was first described by Acharya Charaka by the name of ‘Sandhigata Anila’ in Vata Vyadhi, Sandhivata is accepted by Acharya Chakrapani as gulpha vata or sandhigata vata. Acharya Sushruta has described the diseases in vatavyadhi chapter under the subheading of sandhigata vata.<sup>[1]</sup>

Osteoarthritis is one such disease in which the rise in incidence is attributed to a faulty diet and unhealthy lifestyle. The disease usually manifests in the fourth decade of life, and its occurrence increases linearly with age. Unilateral osteoarthritis is more prevalent in males, while bilateral osteoarthritis is more common in females. It is a degenerative disease characterized by the loss of articular cartilage and synovial inflammation. The disease has a tendency to affect weight-bearing joints, such as the knee and hip joints, and is therefore a significant cause of disability.<sup>[2]</sup>

The disease was first described by Acharya Charaka by the name of ‘Sandhigata Anila’ in Vata Vyadhi, Sandhivata is accepted by Acharya Chakrapani as gulpha vata or sandhigata vata. Acharya Sushruta has described the diseases in vatavyadhi chapter under the subheading of sandhigata vata.<sup>[1]</sup> Classical sign and symptoms of Sandhigatavata are Shula, Shotha, Stambha, Sparsha-asahyata, Sphutana, Akunchana Prasarana Vedana etc. at the joints.<sup>[3]</sup>

## AIM AND OBJECTIVES

To evaluate the effectiveness of Panchakarma procedures (Janubasti and Matrabasti), internal medications, and dietary regulation in improving symptoms and quality of life in *Sandhigata Vata*.

## CASE STUDY

Patient Profile- A 56 year female patient came to OPD of kayachikitsa department With chief complaints of

- 1) Dwaya janu sandhi shula and shoth
- 2) Sakasht chakaramn
- 3) Ubhay hast shula

Patient have all the above complaints since 1yr.

### **History of Present Illness**

The patient, a 56-year-old female, presented with a gradual onset of pain and stiffness in multiple joints, predominantly affecting the knees, which progressively worsened over time. The pain was aggravated by walking, climbing stairs, prolonged standing, and exposure to cold weather, and was associated with swelling, crepitus, restricted joint movements, and difficulty in performing daily activities. Despite taking Allopathic treatments for her complaints, she did not experience significant relief. Therefore, she was admitted to the Kayachikitsa O.P.D. for further management with a clinical diagnosis of Sandhigata Vata.

History of Past Illness –

S/H/O – LSCS and Hysterecyomy done

No history of trauma, fever, bowel or bladder disturbances.

No comorbid conditions (No DM, HTN, or thyroid disorder).

No significant family history or hereditary neuromuscular disorders.

No addictions or adverse dietary patterns.

No surgical interventions for the present complaint.

### **CLINICAL EXAMINATION**

General Physical Examination

BP: 130/80 mmHg

Pulse: 80/min

Weight: 65 kg

Respi. rate: 18/min

Temp.: afebrile

Ashtavidha Pariksha

Nadi - 80/min

Mala - Asamyak

Mutra - Samyak

Jivha - Alpasama (Kapha coated)

Netra - Shwetabh (normal)  
Sparsha - Samashitoshna  
Druk - Spashta  
Akruti - Madhyam (Average build)

Locomotor and Neurological Examination

### **Palpation**

Local tenderness over the joint line. Crepitus felt on movement of the joint. The joint may feel slightly warm in some cases but usually not markedly inflamed. Bony enlargement may be palpable in long-standing cases.

### **Range of Motion (ROM)**

Restricted and painful active and passive movements. Pain increases on weight-bearing and movement after rest.

### **Functional Assessment**

Difficulty in squatting, sitting cross-legged, and performing routine daily activities.

### **Systemic Examination**

CVS: Normal

CNS: conscious and well oriented

Respiratory System: Normal

Per Abdomen: Soft, non-tender

### **Samprapti Ghatakas<sup>[4]</sup>**

Dosha : Vata pradhana, with some Kapha association

Roga Marga: Madhyama

Dushya : Asthi, Majja

Adhishtana : Sandhi (Janu)

Srotas : Asthi, Majja vaha srotas (neural channels)

Sadhya-Asadhya : Krichha Sadhya (difficult but treatable chronic disorder)

## **MATERIAL AND METHODS**

**Method** :- 1) A case study

2) Centre :- P.G. Department of Kaychikitsa L.K. Ayurvedic Hospital, Yavatmal affiliated to D.M.M. Ayurved College, Yavatmal.

### Treatment

➤ **Sthanik Chikitsa:-** Janubasti done.

Lepa : Dashang Lepa for (LA)

➤ **Shodhan Chikitsa: Matrabasti** (Dashmoola Taila) (for 6 days).

➤ **Shaman Chikitsa**

Dravya	Dose	Duration	Anupan
Yograj Guggul	500mg	Twice a day	Luke worm water
Punarnava guggul	500mg	Twice a day	Luke worm water
Vatvidhwansa Rasa	250mg	Twice a day	Luke worm water
Ekangvir Rasa	250mg	Twice a day	Luke worm water
A Combination of Dashmool+ Rasna+ Punarnava+Ashwagandha+ Shatavari chura	1gm each churna	Twice a day	Luke worm water
Swadishta Virechana churna	3gm	HS	Luke worm water
Dashmool bharad kwath	30 ml	Twice a day	-
Dashang lepa	For local application	Twice a day	-

### ASSESSMENT CRITERIA AND MONITORING<sup>[7]</sup>

Symptoms	Normal	Mild	Moderate	Severe
संधिशोथ	0	1	2	3
संधीशूल	0	1	2	3
संकष्टक्रिया	0	1	2	3

Outcome Parameter	Before Treatment	After
संधिशोथ	3	1
संधीशूल	2	1
संकष्टक्रिया	3	2

### DISCUSSION

**Yograj guggulu-** These are mostly drugs that have effects like tikta, kashaya, katu rasa, ushna, ruksha guna, and ushna virya, and they also work as kaphavatahara. These medicines also work as vedana stapaka, nadi balya, shulashamaka, and shothahara, which is very

important for helping people in vatavyadhi feel better. Because it has lekhana properties, Guggulu gets rid of too much jalansha.<sup>[5]</sup>

**Punarnava Guggulu-** Punarnava Guggulu works anti-inflammatory and also which has pacifying Tridosha and indicated in especially acute swelling, also indicated in gout, rheumatoid arthritis, skin disorder.<sup>[6]</sup>

**Dashmula Kwath**– It is Tridoshahara, Vedana sthapak and Sroto Shodhaka.

## CONCLUSION

This case exemplifies the efficacy, safety, and holistic benefits of an integrated Ayurvedic approach in chronic Gridhrasi (sciatica). Panchakarma procedures like Kati basti, basti karma, and swedana, combined with targeted internal herbal-medico-mineral medications, delivered significant, sustained improvement in pain, mobility, and quality of life. This protocol minimized dependence on allopathic analgesics and did not result in any adverse medical events. A multidisciplinary team and patient-tailored dietary/lifestyle modification provided crucial support.

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