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AYURVEDIC MANAGEMENT OF JANU SANDHIGATA VATA W.S.R TO KNEE OSTEOARTHRITIS: A CASE REPORT

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ABSTRACT

Background: Janu sandhigata Vata is an important Vataja disorder, characterized predominantly by pain, stiffness, swelling, crepitus and restricted movement of the knee joint. Its clinical presentation shows considerable similarity with knee osteoarthritis, a common age-associated degenerative joint disorder. Classical Ayurvedic texts describe SandhigataVata under Vatavyadhi with characteristic involvement of the Sandhi and impairment of joint function.[1-5] **Case presentation:** A 58-year-old female presented with bilateral knee pain, stiffness, crepitus and difficulty in walking and climbing stairs for approximately two years. The symptoms were aggravated by prolonged standing, walking and stair climbing and partially relieved by rest. Clinical assessment demonstrated tenderness, painful restriction of knee movements and crepitus. Radiological evaluation of the knee was suggestive of osteoarthritic changes. Based on Ayurvedic assessment, the condition was diagnosed as Janu sandhigata Vata. A multimodal Ayurvedic management protocol consisting of Oral Ayurvedic medicines, Abhyanga, NadiSwedana, JanuBasti, MatraBasti, therapeutic exercise and dietary/lifestyle measures was administered. **Results:** Following the intervention, reduction in pain, stiffness, crepitus and functional limitation was observed. In the illustrative case model, VAS pain score decreased from 8/10 to 3/10, WOMAC score from 58 to 24, while knee flexion improved from 100° to 120°. The patient reported improvement in walking and stair-climbing ability. **Conclusion:** The case illustrates the potential usefulness of an integrated Ayurvedic approach in the symptomatic management

of Janu sandhigata Vata corresponding clinically to knee osteoarthritis. However, controlled clinical studies with standardized treatment protocols and objective outcome measures are required to establish efficacy.

KEYWORDS: Janu sandhigata Vata, SandhigataVata, Knee Osteoarthritis, Ayurveda, JanuBasti, MatraBasti, Abhyanga, NadiSwedana.

INTRODUCTION

Osteoarthritis of the knee is a chronic musculoskeletal disorder characterized by pain, stiffness, functional limitation and structural changes involving the articular tissues. Its incidence increases with advancing age and it may substantially affect mobility and quality of life. Modern management generally emphasizes exercise, weight management, patient education and appropriate pharmacological or non-pharmacological interventions.[13-15]

From the Ayurvedic perspective, degenerative changes occurring predominantly during Vriddhavastha are closely associated with the progressive predominance of VataDosha and Dhatukshaya. SandhigataVata is described among the disorders of Vata and is characterized by pain and functional impairment of the Sandhi.[1-5] Charaka describes the clinical manifestation of Vata localized in the joints, while Vagbhata specifically describes SandhigataVata with swelling and abnormal joint characteristics.[1,4]

The clinical features of SandhigataVata, including Sandhi Shula, SandhiShotha, SandhiAtopa and painful restriction of Prasarana and Akunchana, have substantial clinical correspondence with symptomatic knee osteoarthritis.[1-5] Previous clinical studies have evaluated several Ayurvedic approaches including multimodal treatment, Basti, Abhyanga, Swedana and selected Guggulu preparations in SandhigataVata.[7-12]

The present case report describes an integrated Ayurvedic approach to Janu sandhigata Vata with special reference to knee osteoarthritis, incorporating classical principles of Vata management, Snehana, Swedana, Basti and supportive exercise.

CASE REPORT

Patient information

A 58-year-old female patient presented to the outpatient department with complaints of bilateral knee pain for approximately two years. The pain was more prominent in the right knee than the left. The patient also reported morning stiffness, crepitus during knee

movement, difficulty in prolonged walking, difficulty in climbing stairs and discomfort while rising from a sitting position.

The symptoms had gradually progressed and were aggravated by prolonged standing, walking and repeated stair climbing. Rest provided partial relief. There was no history of acute trauma immediately preceding the onset of symptoms.

The patient had no significant history suggestive of inflammatory polyarthritis. General physical examination was unremarkable.

Ayurvedic assessment

Based on the clinical history and examination, the condition was assessed as Janu sandhigata Vata, predominantly involving VataDosha with features suggestive of degenerative involvement.

The major Ayurvedic clinical features were

- JanuSandhi Shula – since 2 years
- SandhiAtopa – since 2 years
- Prasarana-AkunchanaVedana – since 6 months
- Stambha – since 6 months
- Restricted joint movement - since 6 months
- Difficulty in weight-bearing activities - since 6 months

The diagnosis was correlated clinically with knee osteoarthritis.

Local Examination

On examination, tenderness was present over the knee joint line. Crepitus was elicited during active and passive knee movements. Knee flexion was restricted and painful. Mild functional limitation was observed during squatting and stair climbing.

Figure 1. Before-treatment clinical photograph of the affected knee.

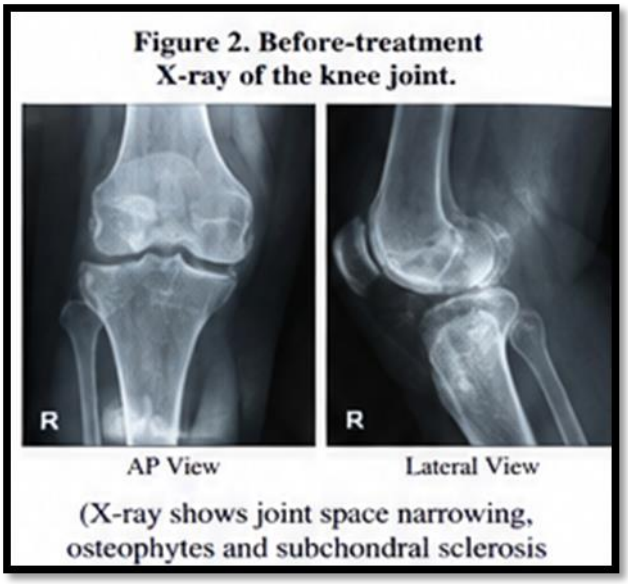

Figure 2. Before-treatment radiograph of the knee joint.

MATERIALS AND METHODS

Therapeutic intervention

The treatment protocol was planned according to the Ayurvedic principle of VataShamana, Snehana, Swedana, Basti and local management of the affected Sandhi.

Table 1: Clinical assessment before and after Ayurvedic intervention.

Parameter	Before treatment	After treatment
VAS pain score	8/10	3/10
WOMAC total score	58	24
Knee flexion	100°	120°
Knee stiffness	Marked	Mild
Crepitus	++	+
Walking difficulty	Marked	Mild
Stair climbing	Difficult	Improved
Tenderness	++	+

TREATMENT PROTOCOL

The treatment plan was designed according to the principles of VataShamana, Snehana, Swedana, Basti and local management.

Table 2: Illustrative Ayurvedic treatment protocol.

Sr.No.	Treatment	Dose/Procedure	Duration
1	Yograj Guggulu	500 mg twice daily after food with warm water	6 weeks
2.	Mahavatvidhvansan Ras	125 mg twice daily after food with warm water	6 weeks
3.	Asthiposhakvati	500 mg twice daily after food with warm water	6 weeks
2	Ashwagandha Churna	3 g at bedtime with warm milk	6 weeks
3	Abhyanga	Mahanarayana Taila, local massage	15 min/day
4	Swedana	Nadi Sweda, mild local fomentation	10 min/day
5	Janu Basti	Mahanarayana Taila, warm oil retained over knee	30 min/day for 7 days
6	Matra Basti	Ksheerabala Taila, 60 mL	8 sittings over 16 days
7	Exercise	Quadriceps strengthening + ROM exercises	Daily
8	Pathya	Warm, easily digestible diet; avoidance of excessive exertion	Throughout

The treatment was conceptualized as an integrated protocol rather than as an attempt to attribute the outcome to any single intervention.

RESULTS AND DISCUSSION

Clinical outcome

The illustrative patient was assessed at baseline, after three weeks and after six weeks.

Table 3: Illustrative clinical outcome.

Assessment parameter	BT	3 weeks	6 weeks
VAS pain (0–10)	8	5	3
WOMAC total score	58	39	24
Knee flexion – right	100°	110°	120°
Knee flexion – left	105°	112°	120°
Walking difficulty	Severe	Moderate	Mild
Stiffness	Moderate-severe	Mild-moderate	Mild
Crepitus	++	+	+
Stair-climbing difficulty	Severe	Moderate	Mild

The illustrative VAS score decreased from 8/10 at baseline to 3/10 at six weeks, corresponding to a 62.5% reduction. WOMAC score decreased from 58 to 24, corresponding to a 58.6% reduction. Right knee flexion improved from 100° to 120°.

The improvement was most evident in pain, stiffness, walking ability and stair climbing.

SAMPRAPTI

Vata Prakopa

↓

Vriddhavastha + Dhatukshaya / Rukshata

↓

Vata Dosha aggravation

↓

Sthanasamshraya in Janu Sandhi

↓

Asthi-Sandhi Dhatu Kshaya / degenerative changes

↓

Sandhi Shula + Stambha + Atopa + restricted movement

↓

Janu sandhigata Vata

RESULTS AND DISCUSSION

After completion of the treatment schedule, improvement was observed in the major clinical symptoms. In the illustrative model, the VAS pain score decreased from 8/10 to 3/10, while the WOMAC score decreased from 58 to 24. Knee flexion increased from 100° to 120°. The patient also reported improvement in walking, rising from a chair and climbing stairs.

The Ayurvedic interpretation of these changes may be understood through the therapeutic targeting of aggravated Vata and localized Sandhi pathology. Snehana is traditionally employed to counteract Rukshata and support Vata management, while Swedana is used to alleviate stiffness and facilitate movement. Basti is considered an important therapeutic modality in Vata disorders and has been investigated clinically in SandhigataVata.[2,7-9]

The multimodal Ayurvedic approach reported by Sharma et al. included Snehana, Swedana, Mridu Virechana, Matra Basti, Jalaukavacharana, Yograj Guggulu and Ashwagandha Churna and reported symptomatic improvement in patients with Sandhigatavata.[7] Their findings provide clinical precedent for an integrated rather than single-modality therapeutic approach.

Similarly, clinical work involving Matra Basti has suggested potential benefit in osteoarthritis-related symptoms.[9] Other Ayurvedic studies have investigated Pinda Sweda, Guggulu formulations and Basti-based approaches in Sandhigata Vata.[10-12]

The present therapeutic protocol incorporated local Snehana and Swedana with Janu Basti and Matra Basti, alongside oral medication and exercise. From an Ayurvedic perspective, this multimodal approach attempts to address both the Dosha and the affected joint function.

Modern clinical evidence also supports the importance of non-pharmacological management of knee OA. Exercise and functional rehabilitation are central components of contemporary OA management.[13-15] Therefore, inclusion of knee strengthening and range-of-motion exercises in this case was clinically relevant and also provided a bridge between Ayurvedic management and contemporary rehabilitation principles.

A randomized controlled trial evaluating an Ayurveda treatment approach in knee osteoarthritis has also reported clinically relevant outcomes, suggesting that structured Ayurvedic interventions warrant further rigorous evaluation.[13] Ayurvedic interventions have additionally been investigated in controlled clinical studies using standardized outcomes such as pain and WOMAC scores.

However, the present report has important limitations. A single case cannot establish causal efficacy. The observed improvement may be influenced by natural variation, regression to the mean, placebo/contextual effects, concurrent lifestyle modification and exercise. Furthermore, structural radiographic changes generally require longer follow-up and should not be inferred from short-term symptomatic improvement.

Therefore, future studies should use larger samples, predefined inclusion and exclusion criteria, validated outcome measures such as WOMAC and VAS, objective functional tests, standardized Ayurvedic intervention protocols and appropriate radiological assessment.

CONCLUSION

Janu sandhigata Vata presents a clinically relevant Ayurvedic framework for understanding symptomatic knee osteoarthritis, particularly in the context of ageing, Vata predominance, joint pain, stiffness, crepitus and restricted movement. The present illustrative case demonstrates a structured multimodal approach incorporating Vata Shamana, Abhyanga, Swedana, Janu Basti, Matra Basti, oral medication and therapeutic exercise.

The observed symptomatic and functional improvement suggests that such an integrated approach may have potential as a supportive management strategy for knee osteoarthritis. Nevertheless, a single case report cannot establish treatment efficacy. Well-designed

randomized controlled trials with standardized interventions, validated outcome measures and adequate follow-up are required to generate stronger clinical evidence.

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