

Clinical Perspectives on Classical Ayurvedic Therapeutics in Sandhigata Vata (Osteoarthritis): A Case-Based Evidence

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Abstract

Sandhigata Vata is a classical degenerative joint disorder described extensively in Ayurvedic literature under the umbrella of *Vata Vyadhi*. It is characterized by cardinal features such as *Sandhi Shoola* (joint pain), *Stambha* (stiffness), *Shotha* (mild swelling), *Atopa* (crepitus), and restricted range of joint movements. According to Acharyas, the disease manifests due to aggravated *Vata Dosha* lodging in the *Sandhi*, particularly in the presence of *Dhatu Kshaya* and depletion of *Shleshaka Kapha*, which is responsible for joint lubrication and stability. Aging (*Vardhakya*) is considered a natural *Vata Prakopaka* factor, making elderly individuals more susceptible to degenerative joint disorder. Etiological factors such as excessive physical exertion (*Ativyayama*), faulty posture, trauma (*Abhighata*), prolonged standing, and intake of *Ruksha*, *Sheeta*, and *Laghu Ahara* further aggravate *Vata Dosha*, accelerating degenerative changes within the joints. Progressive degeneration leads to pain, stiffness, crepitus, and functional disability, significantly affecting daily activities and quality of life. From a contemporary medical standpoint, *Sandhigata Vata* closely correlates with osteoarthritis, a chronic degenerative joint disease marked by progressive cartilage degradation, subchondral bone remodeling, osteophyte formation, and synovial inflammation⁸. Osteoarthritis is one of the leading causes of disability among the elderly worldwide. Conventional management primarily includes analgesics, non-steroidal

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anti-inflammatory drugs, intra-articular injections, and physiotherapy. Although these modalities provide symptomatic relief, they do not address the underlying degenerative pathology and are associated with long-term adverse effects.

Key words : *Sandhigata Vata*; Osteoarthritis; *Vata Dosha*; Ayurvedic Management; Case Study; Degenerative Joint Disease.

Ayurveda offers a comprehensive and holistic approach to the management of *Sandhigata Vata* by addressing both etiological factors (*Nidana*) and disease pathogenesis (*Samprapti*). Principles such as *Nidana Parivarjana*, *Ahara-Vihara* regulation, *Shamana* and *Shodhana Chikitsa*, and external therapies like *Abhyanga* and *Swedana* play a pivotal role in pacifying aggravated *Vata* and nourishing depleted tissues^{1,6}. Classical formulations possessing *Vata Shamana*, *Vedanasthapana*, *Shothahara*, and *Brimhana* properties help in relieving pain, improving joint function, and slowing degenerative changes. Systematic clinical documentation of Ayurvedic interventions is essential to establish scientific credibility and integrate traditional knowledge into contemporary healthcare. In this context, the present case study aims to evaluate the clinical efficacy of Ayurvedic therapeutics in the management of *Sandhigata Vata* (osteoarthritis) through detailed symptom assessment and functional evaluation.

Case presentation :
Patient Details

- **Age:** 58 years
- **Gender :** Female
- **Occupation :** Homemaker
- **Socio-economic status:** Middle class

Chief complaints :

- Bilateral knee pain

- Morning stiffness
- Difficulty in walking
- Crepitus in knee joints

Duration: 5 years

History of Present Illness

The patient was apparently healthy five years prior to presentation, after which she gradually developed pain in both knee joints. Initially, the pain was mild in intensity and occurred only after prolonged physical activity such as walking long distances, household work, or climbing stairs. Over time, the pain progressively increased in both frequency and severity and began to occur even during routine activities and occasionally at rest. The pain was described as dull and aching in nature, with intermittent exacerbations. The joint pain was associated with morning stiffness lasting approximately 20–30 minutes, which gradually subsided with movement but reappeared after prolonged standing or exertion. The patient also reported audible crepitus in both knee joints during movement, particularly while walking and climbing stairs. Mild swelling around the knee joints was occasionally noticed, especially after excessive activity. The symptoms were aggravated by prolonged standing, excessive walking, climbing stairs, exposure to cold and damp weather, and physical exertion. Relief was temporarily obtained by rest, application of local heat, and use of over-the-counter

analgesics; however, the relief was short-lived, and symptoms recurred on discontinuation of medication. The patient denied any history of acute trauma to the knee joints. Gradually, the persistent pain and stiffness led to difficulty in performing daily activities such as squatting, sitting cross-legged, and rising from a seated position. The functional limitation adversely affected her routine household activities and quality of life. Due to the progressive nature of symptoms, recurrent exacerbations, and dependence on analgesics for symptomatic relief, the patient sought Ayurvedic consultation for a more holistic and long-term management approach. There was no history suggestive of inflammatory arthritis, fever, joint redness, or systemic illness during the course of the disease.

Ayurvedic examination :

On detailed Ayurvedic examination, the patient was assessed using classical

parameters. The *Prakriti* was found to be **Vata–Kapha**, indicating a constitutional predisposition toward degenerative and stiffness-related disorders. Assessment of *Agni* revealed **Mandagni**, suggesting impaired digestive and metabolic function, which is known to contribute to *Ama* formation and *Vata* aggravation. *Dosha* examination indicated **Vata Pradhana Dosha Dushti**, correlating well with the presenting symptoms of joint pain, stiffness, crepitus, and functional limitation. The *Koshtha* was assessed as **Krura**, further supporting the predominance of *Vata Dosha*. These findings collectively suggested a *Vata Pradhana Sandhigata Vyadhi* consistent with the classical description of *Sandhigata Vata*.

A detailed Ayurvedic clinical assessment was carried out using classical diagnostic parameters, including *Dashavidha Pariksha*, to understand the *Dosha*, *Dushya*, *Agni*, and *Rogibala* involved in the pathogenesis of the disease.

Dashavidha pariksha

Parameter	Finding	Clinical Interpretation
Prakriti	Vata–Kapha	Predisposition to degenerative and stiffness-related disorders
Vikriti	Vata Pradhana	Dominant pathological involvement of <i>Vata Dosha</i>
Sara	Madhyama	Moderate tissue strength
Samhanana	Madhyama	Average body build
Pramana	Madhyama	Normal anthropometric measurements
Satmya	Madhyama	Moderate adaptability to diet and lifestyle
Satva	Madhyama	Adequate mental strength
Ahara Shakti	Madhyama	Reduced appetite with occasional indigestion
Vyayama Shakti	Avara	Limited capacity for physical exertion due to joint pain
Vaya	Vridhha (60 years)	Age-related <i>Vata</i> aggravation

Modern Clinical Examination :

On general examination, the patient was conscious, oriented, and moderately built. Vital parameters were within normal limits. Gait examination revealed mild antalgic gait due to knee pain.

Local examination of knee joints :

- **Inspection:** Mild bilateral knee deformity with no redness or acute inflammatory signs
- **Palpation:** Localized tenderness present over medial joint line of both knees
- **Temperature:** No significant local rise in temperature
- **Swelling:** Mild periarticular swelling noted after exertion

Range of motion :

- **Flexion:** Reduced and painful beyond mid-range
- **Extension:** Slight terminal restriction
- **Crepitus:** Audible and palpable crepitus during both active and passive movements

Functional assessment :

- Difficulty in squatting, stair climbing, and prolonged standing
- Reduced walking endurance
- Dependence on analgesics for pain relief prior to Ayurvedic treatment

A. Internal Medication (Shamana Chikitsa)

Sr.no.	Medicine	Dose	Anupana	Duration
1	Yogaraja Guggulu	500 mg BD	Lukewarm water	30 days
2	Rasnasaptaka Kashaya	40 ml BD	—	30 days
3	Ashwagandha Churna	5 g HS	Milk	30 days
4	Mahanarayana Taila (Abhyanga)	Local	—	30 days

Radiological findings :

X-ray examination of both knee joints showed:

- Joint space narrowing
- Marginal osteophyte formation
- Subchondral sclerosis

These findings were consistent with **Grade II Osteoarthritis**, confirming moderate degenerative changes.

Treatment Protocol (30 days)

The treatment protocol was planned based on *Dosha–Dushya–Samprapti* assessment, with emphasis on *Vata Shamana*, *Dhatu Poshana*, pain relief, and functional improvement. As the patient did not exhibit features of *Bahudosha Avastha*, a **Shamana-pradhana Chikitsa** supported by **external therapies** and **Pathya-Apathya** was adopted.

Treatment objectives :

1. Pacification of aggravated *Vata Dosha*
2. Reduction of joint pain (*Sandhi Shoola*) and stiffness (*Stambha*)
3. Nourishment of *Asthi* and *Majja Dhatu*
4. Improvement of joint mobility and functional capacity
5. Prevention of further degeneration and disease progression

*B. External therapies (Bahya chikitsa) :*1. *Abhyanga*

- **Oil:** *Mahanarayana Taila*
- **Method:** Gentle massage over both knee joints
- **Duration:** 20 minutes daily for 30 days
- **Effect:** *Vata Shamana*, improves circulation, reduces stiffness

2. *Swedana* :

- **Type:** *Nadi Sweda*
- **Duration:** 15–20 minutes daily after *Abhyanga*
- **Effect:** Relieves stiffness (*Stambha*), improves joint flexibility

3. *Optional therapy (If Pain Persists):*

- **Upanaha Sweda** using *Dashamoola Churna* paste
- Applied locally over knee joints for 7 days

C. Panchakarma consideration :

Matrabasti with *Dashamoola Taila* (60 ml for 7 days) was planned as a future

Assessment criteria :

Symptom	Before Treatment	After Treatment
Pain	+++	+
Stiffness	++	+
Crepitus	++	+
Walking difficulty	++	+

Sandhigata Vata is described in Ayurvedic classics as a *Vata Pradhana Vyadhi* affecting the joints, resulting from

intervention if symptoms persisted, considering its classical indication in *Vata Vyadhi*. However, satisfactory improvement was achieved with *Shamana* and *Bahya Chikitsa* alone.

*D. Pathya-apathya (Diet & Lifestyle Advice):**Pathya*

- Warm, freshly prepared food
- Snigdha, Ushna, Laghu Ahara
- Milk, ghee, green gram, wheat
- Gentle joint exercises and walking

Apathya :

- Dry, cold, refrigerated food
- Excessive physical exertion
- Prolonged standing or squatting
- Exposure to cold and damp climate

E. Lifestyle modification (Vihara):

- Avoid sitting cross-legged for prolonged periods
- Use knee support during walking
- Regular oil application over joints
- Adequate rest and stress reduction

Dhatu Kshaya and aggravation of *Vata Dosh*^{1,2}. Depletion of *Shleshaka Kapha* leads to loss of joint lubrication, causing pain,

stiffness, and crepitus. Chronic exposure to etiological factors such as excessive joint use, aging, and improper dietary habits accelerates degenerative changes³.

In the present case, clinical features such as chronic knee pain, stiffness, and restricted mobility indicated predominance of *Vata Dosh*a with *Mandagni*, justifying the use of *Shamana Chikitsa*. The selected formulations possess *Vata Shamana*, *Vedanasthapana*, and *Shothahara* properties, which help in alleviating pain and inflammation while improving joint function^{4,6}. External application of *Mahanarayana Taila* through *Abhyanga* supports lubrication of joints and reduces stiffness. The observed reduction in pain and improvement in mobility suggest restoration of *Dosha Samya* and functional stability of joints. Dietary and lifestyle modifications further supported therapeutic outcomes by preventing continued *Vata* aggravation. This case supports the Ayurvedic principle that degenerative joint disorders can be effectively managed through holistic and individualized interventions rather than symptomatic suppression alone.

This case demonstrates the clinical relevance of Ayurvedic therapeutics in managing *Sandhigata Vata* (osteoarthritis). Individualized *Shamana Chikitsa* along with external therapies and lifestyle modification contributed to symptomatic relief and functional improvement. Further clinical studies are required to validate these findings on a larger scale.

References :

1. Bannuru RR, MC Osani, and EE Vaysbrot,

- et al.* (2019). *Osteoarthritis Cartilage*. 27(11): 1578–1589.
2. Bellamy N, WW Buchanan, CH Goldsmith, J Campbell, and LW. Stitt (1988). *J Rheumatol*. 15(12): 1833–1840.
3. Bijlsma JWJ, F Berenbaum, and FPJG. Lafeber (2011). *Lancet*. 377(9783): 2115–2126.
4. Goyal M, and S. Singh (2012). *AYU*. 33(2): 236-240.
5. Hochberg MC, *et al.* (2012). *Arthritis Care Res*. 64(4): 465-474.
6. Hunter DJ, and S. Bierma-Zeinstra (2019). *Lancet*. 393: 1745-1759.
7. Kulkarni RR, and MB. Patil (2014). *AYU*. 35(3): 257–262.
8. Murthy KRS (2016). *Ashtanga Samgraha*. Varanasi: Chowkhamba.
9. Patwardhan B. (2000). *Indian Drugs*. 37(5): 213-227.
10. Sharma RK, and B. Dash (2014). *Caraka Samhita of Agnivesha*. Varanasi: Chowkhamba.
11. Sharma PV. (2014). *Dravyaguna Vijnana*, Vol II. Varanasi: Chowkhamba Bharati Academy;
12. Sharma R, and V. Meena (2016). *J Ayurveda Integr Med*. 7(4): 234–239.
13. Sharma A K, and V. Shukla (2011). *Int J Ayurveda Res*. 2(2): 84–88.
14. Shastri AD. (2015). *Sushruta Samhita*. Varanasi: Chowkhamba.
15. Singh RH. (2010). *J Ayurveda Integr Med*. 1(2): 91-95.
16. Tripathi B. (2017). *Ashtanga Hridaya of Vagbhata*. Varanasi: Chowkhamba.
17. World Health Organization (2010). *WHO Benchmarks for Training in Traditional Medicine: Ayurveda*. Geneva: WHO Press.