

Restoring Mobility: An Ayurvedic Approach To Degenerative Knee Osteoarthritis (Janusandhigata Vata): A Case Report

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ABSTRACT

Degenerative Knee Osteoarthritis (DKO), also known as *Janusandhigata Vata* in Ayurveda, is a prevalent condition characterized by the progressive deterioration of the knee joint, leading to pain, stiffness, and reduced mobility. Conventional treatments often offer symptomatic relief but fail to address the root causes of the disease. Ayurveda, an ancient system of medicine, offers a holistic approach to managing DKO through a combination of Panchakarma treatment, dietary modifications, and lifestyle changes aimed at restoring joint health.

Objective-This case report aims to explore the effectiveness of Ayurvedic interventions in restoring mobility and alleviating symptoms in a patient suffering from degenerative knee osteoarthritis, specifically *Janusandhigata Vata*.

Methods: A 62-year-old female patient diagnosed with severe knee osteoarthritis was treated with a comprehensive Ayurvedic approach. The treatment regimen included Panchakarma, Shamanoushadhi, external therapies, and dietary recommendations. The patient was monitored for pain reduction, improvement in joint mobility over a period of 10 days.

Results:After 10 days of Ayurvedic treatment, the patient showed significant improvement in knee joint function. Pain intensity decreased, as measured by the Visual Analog Scale (VAS), and joint mobility improved as assessed by the range of motion tests. The patient reported a reduction in stiffness and an overall improvement in the ability to perform daily activities.

Conclusion:This case report demonstrates that an Ayurvedic approach can provide effective relief and enhance mobility in patients with degenerative knee osteoarthritis. Further clinical studies with larger sample sizes and controlled designs are needed to validate these findings and explore the long-term efficacy of Ayurvedic treatments for osteoarthritis.

KEYWORDS:Degenerative Knee Osteoarthritis, Janusandhigata Vata, Matra basti, External therapies, Cupping therapy, Joint mobility.

INTRODUCTION

• Osteoarthritis (OA) is the most common form of arthritis and a major contributor to functional impairment and increased dependence in elderly individuals ⁽¹⁾. OA, which is also known as Osteoarthrosis or degenerative joint disease (DJD), is a progressive disorder of the joints caused by gradual loss of cartilage and resulting in the development of bony spurs and cysts at the margins of the joints ⁽²⁾. OA can be correlated with *Sandhivata* in Ayurveda. Acharya Charaka had described

this disease under *Vataja Nanatmaja Vyadhi*. He had narrated this condition with symptoms such as inflammation, difficulty and pain while walking, and crepitus present in joint.⁽³⁾ *Acharya Sushruta* had further added specific symptoms, that is, degenerative changes in joints as the symptoms of *Sandhivata*.⁽⁴⁾ Contemporary treatment has its own limitation in managing this disease. In Western medical science, various treatment options in advanced stage of OA are present but they do not provide remarkable recovery and cause multiple side effects. So, there is a great need to find effective management in *Sandhivata*. Such type of condition can be better treated with various *Panchakarma* procedures and *Shamana Chikitsa* in Ayurveda. Through this paper, a novel effort was undertaken to enlighten over the great efficacy of Ayurvedic treatment for *Sandhivata*. **In this case study, a female patient with *Sandhivata* was prescribed for palliative treatment along with panchakarma therapy with cupping therapy which resulted in excellent recovery in symptoms.**

CASE REPORT

A 62 Year old female patient was apparently normal 1 year ago, gradually she started c/o pain in bilateral knee joint more prominent in right side associated with stiffness in B/L knee joint, mild swelling in right knee joint and difficulty in walking which is more in right side and condition got worsened day by day where pt is unable to walk, climb stairs or do routine activities. For which she consulted orthopedician and underwent relevant investigations and advised oral medications. In spite of taking allopathic medication patient did not find satisfactory relief, gradually pt started noticing aggravation of symptoms along with stiffness in both the knee joints. Hence pt approached Jss ayurveda hospital OPD-1 for further management.

PAST HISTORY

K/C/O T2DM since 4 years on regular oral medication

SURGICAL HISTORY

Nil

FAMILY HISTORY:

All family members are said to be healthy

MENSTRUAL HISTORY

Menopause – 55 years

ASHTASTHANA PARIKSHA

- *Nadi* – 76 beats/min
- *Mala*- Once /day
- *Mutra*- 5-6 times per day/once in night
- *Jiwha* - *Alipta*
- *Shabdha* - *Prakrutha*.
- *Sparsha* - *Prakrutha*.
- *Drik*– *Prakrutha*.
- *Akruthi* - *Madhyama*

DASHAVIDHA PARIKSHA

- *Prakriti* – *Vata and Kapha*
- *Vikrithi*- *Vata and Kapha*
- *Satwa*, *Samhanana* - *Madhyama*
- *Sara*, *Saatmya* - *Madhyama*

- *Pramana - Madhyama*
- *Vyayaama shakti - Madhyama*
- *Aahara shakti – Madhyama*
- *Vaya- 62years*

EXAMINATION FINDINGS

• MUSCULOSKELETAL SYSTEM

O/E OF KNEE JOINT

ON INSPECTION

- Difficulty and pain in both knee joint while walking for long duration
- mild Swelling over right knee joint
- Knee flexion deformity on right knee
- Reflexes are intact
- No any scar
- No varicosities are seen
- No any structural deformity in left knee joint

RANGE OF MOVEMENT

	RIGHT LIMB	LEFT LIMB
FLEXION	Restricted due to pain	Possible with pain
EXTENSION	Possible with pain	Possible with pain
O/P -CREPITUS	GRADE-2	GRADE-2
SWELLING/WARMTH	GRADE-1	ABSENT

GAIT- ANTALGIC

SPECIAL TESTS

PATELLAR TAP- No effusion

ANTERIOR AND POSTERIOR DRAWER TEST- Negative B/L

INVESTIGATIONS FINDINGS

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18/04/2024

Specimen : Blood / Urine

	Results	Normal Range	Units	SI Units
BIOCHEMISTRY				
RBS	276 (High)	70 - 150	mg/dl	
HAEMATOTOLOGY				
HB%	12.5	11.5 - 16.5	gm/dl	
DC				
N	72	75		
L	23	23		
E	03	2		
M	02	1		
WBC (TC)	7200	4000 - 11000	Cells/Cumm	
ESR	55 (High)	0.1 - 20	mm 1st hour	
CLINICAL PATHOLOGY				
URINE ROUTINE				
URINE ALBUMIN	Nil			
URINE SUGAR	2.0%			
PUS CELLS	2-3			
EPITHELIAL CELLS	1-2			
SEROLOGY				
HIV CARD	Negative			
HBsAg CARD	Negative			

End Of Report



TREATMENT GIVEN DURING HOSPITAL COURSE

18/04/2024 TO 27/04/2024(10 DAYS)

- 1) Ekanga dhanyamla dhara to both legs for 3 days
- 2) Ekanga jambeera pinda sweda to both legs for 4 days
- 3) Ekanga pps from kati to both legs for 1 day
- 4) Ekanga ssps to both legs for 2 days
- 5) Janu pichu with murivenna taila + ashwagandha bala lakshadi taila for 4 days
- 6) Arka patra upanaha for 6 days
- 7) Matra basti with guggulu tiktaka gritha (30ml) + ashwagandha gritha (30ml) for 6 days
- 8) Cupping therapy (for 6 days)

ORAL MEDICATIONS AT THE TIME OF DISCHARGE TABLE-1

SL NO	SHAMANUSHDI	DOSE AND ANUPANA	DURATION
1	TAB ZEOTONE PLUS	(1-1-1) AFTER FOOD WITH WATER	1 month
2	TAB ARNOPEN	(1-1-1) AFTER FOOD WITH WATER	15 days
3	GANDHA TAILA	10 DROPS MORNING AND NIGHT WITH MILK BEFORE FOOD	1 month
4	MARMA LEPA + MURIVENNA TAILA	FOR EXTERNAL APPLICATION ONCE DAILY AT NIGHT (FOR BANDHA)	1 month

The overall improvement like reduction in Pain, swelling and improvement in joint movements were graded based on the following scales explained in tables 3and image-1

1.Pain(Vedana)

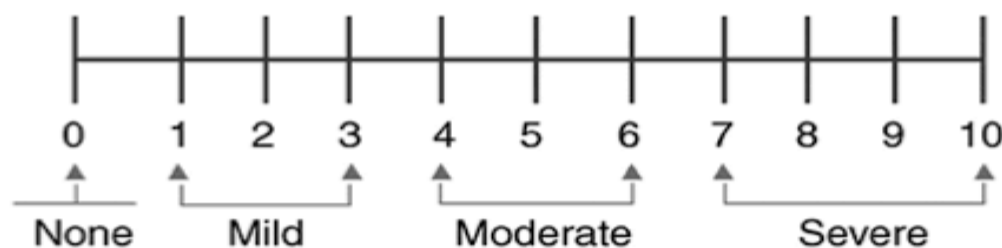
0	No Pain
1	Mild pain bearable in nature,comes occasionally
2	Moderate pain, but no difficulty in walking
3	Moderate pain, but slight difficulty in walking due to pain
4	Severe difficulty in walking, disturbs sleep,under analgesics

2. Swelling (shotha)

0	Absent	No Swelling
1	Mild	Less than 10% circumference of affected joint occasionally
2	Moderate	More than 10% circumference of affected joint
3	Severe	More than 20% circumference of affected joint

3. Pain during flexion (Rom)

0	No pain
1	Pain without wincing of face
2	Pain with wincing of face
3	Prevent complete flexion
4	Does not allow passive movement



VISUAL ANALOG SCALE showing in above Image-1

OBSERVATIONS AND RESULTS

- Assessment of the patient was performed in terms of clinical features. After completion of therapy.
- The patient got significant relief in pain while walking, stiffness, and swelling of knee joint and ROM IMPROVED as mentioned in below table 2

SYMPTOMS	BEFORE TREATMENT	AFTER TREATMENT
PAIN IN B/L KNEE JOINTS(VAS PAIN SCALE)	7 (VAS SCORE)	3 (VAS SCORE)
SWELLING IN RIGHT KNEEJOINT	GRADE - 2	GRADE – 0
STIFFNESS	GRADE - 2	GRADE – 0
DIFFICULTY IN WALKING	GRADE - 2	GRADE – 0
ROM (RIGHT LEG)	GRADE 2= 70-80 degree(Flexion)	Improved upto 140 degree



DURING TREATMENT
CUPPING THERAPY

IMAGE- 2



BEFORE TREATMENT
C/O Severe pain and stiffness
ROM-Restricted
Genuvarum deformity-present

IMAGE-3



AFTER TREATMENT
PAIN AND STIFFNESS REDUCED
BY 70%
ROM-FLEXION - POSSIBLE
WITHOUT PAIN

IMAGE-4

DISCUSSION

All the treatments selected for the patient was mainly aimed at Vata pacification and pain management. Since Vata is the sole cause for pain in OA, pain gets reduced simultaneously on Vata pacification.

The oral medications advised in this patient was in accordance with following mode of action.

- **TAB ZEOTONE PLUS**- It contains **Shallaki and Guggulu**, which are highly potent anti-inflammatory herbs that help bring rapid relief to pain in joints & also helps in stopping the process of degeneration which is caused due to inflammation in joints. Zeotone Plus prevents degeneration of cartilages and promotes its growth
- **TAB ARNOPEN** - The formulation contains **Mahayograj Guggulu**, which helps support joint health by healthy inflammatory responses. This action might assist in reducing discomfort associated with musculoskeletal conditions, enhancing overall joint function.
- **GANDHA TAILA**- It contains herbs that possess strengthening properties like **Bala, Devadaru and Rasna**. **Tila** is the main ingredient which is a rich source of Calcium, is processed in cow's milk and licorice decoction. This improves the strength of bones and helps prevent further damage.
- **MURIVENNA TAILA**- Prepared from herbs like **Shigru, Karanja, Markandika, Paribhadra**, etc, Murivenna gives phenomenal results in the treatment of acute injuries like sprains, cramps, closed fractures, and bruises.
- The line of treatment helped to strengthen various musculatures and various structures in knee region. By taking into consideration all factors, which were involved in the pathogenesis of Sandhigata Vata in this patient, treatment principles for Vata vyadhi Chikitsa (treatment of Vata diseases) was applied here.

CONCLUSION

OSTEOARTHRITIS (OA) treatment is normal practice of Ayurvedic practitioners, but for end stage OA, we usually doubtful to control. From this case study, it can be concluded that severe OA might be effectively treated by Ayurvedic intercession. This study will be useful for further combined research with contemporary medicine in the cases of the end stage OA.

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Patient consent

Consent was obtained from the patient for publication of this case.

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Conflict of interest

None