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**"AYURVEDIC MANAGEMENT OF SANDHIGATVAT W.S.R OSTEOARTHRITIS :
CASE STUDY"****Dr. Sawan Chudiwal¹, Dr Archana S. Dachewar²**

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ABSTRACT:

Osteoarthritis (OA) is a highly prevalent degenerative joint disorder that significantly affects mobility, functional capacity, and quality of life, particularly among middle-aged and elderly individuals. In Ayurveda, osteoarthritis is commonly correlated with *Sandhigata Vata*, a condition characterized by pain, stiffness, reduced joint mobility, and functional impairment resulting from the vitiation of *Vata* in the joints. Although osteoarthritis is a slowly progressive disease, its early symptoms can severely restrict a patient's ability to perform routine activities.

This case is noteworthy as it highlights the successful management of a patient who presented with severe functional limitation—being unable to walk without support—yet demonstrated marked improvement within 20 days following a structured Ayurvedic treatment protocol involving a combination of *Shamana* and *Shodhana Chikitsa*. Such rapid functional recovery in a patient with radiologically mild osteoarthritis but pronounced clinical symptoms underscores the effectiveness of integrative Ayurvedic management in early-stage OA.

Furthermore, this case emphasizes the relevance of individualized, constitution-based treatment approaches in improving mobility and alleviating pain without the need for invasive interventions. It contributes to growing clinical evidence supporting holistic, non-surgical management strategies for knee osteoarthritis, particularly in patients whose clinical symptoms are disproportionate to radiological findings

KEY WORDS:- Sandhigatvata, Osteoarthritis, Shodhan, Shaman**Corresponding Details:****Dr. Sawan Chudiwal**

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INTRODUCTION

Osteoarthritis (OA) is the most prevalent musculoskeletal disorder, commonly manifesting in older adults. It predominantly affects large, weight-bearing joints. Degenerative changes are observed in almost all individuals by the age of 40; however, clinically significant symptoms of osteoarthritis are present in approximately 15% of males and 25% of females. The incidence of knee osteoarthritis is notably higher in the Indian population compared to Western populations. This condition leads to considerable functional limitations due to pain during routine activities such as walking, dressing, and personal hygiene, thereby contributing significantly to work-related disability¹.

In Ayurveda, osteoarthritis is correlated with *Sandhigata Vata*, which is described by Acharya Charaka in the *Vatavyadhi Chikitsa Adhyaya*. Classical features of *Sandhigata Vata* include joint swelling with a sensation resembling an air-filled bladder (*Vatapurna Druti Sparsha*) and pain during flexion and extension of the affected joints². Contemporary medical management of osteoarthritis has certain limitations. Although various therapeutic modalities, including analgesics, nonsteroidal anti-inflammatory drugs (NSAIDs), and surgical interventions, are available, these approaches primarily offer symptomatic relief and are often associated with adverse effects when used long term³.

In contrast, Ayurvedic management, encompassing *Shamana Chikitsa* (palliative therapy) and *Panchakarma* (detoxification procedures), has demonstrated promising outcomes in the management of osteoarthritis. This case study aims to highlight the clinical effectiveness of Ayurvedic interventions in the treatment of *Sandhigata Vata*. The combined application of *Shamana* and *Panchakarma Chikitsa* resulted in marked improvement in both the clinical signs and symptoms of osteoarthritis.

AIM & OBJECTIVE:

To evaluate the effect of Shodhan and Shaman chikitsa in management of Sandhigatavat

CASE REPORT

There is only one case study. the patient gave her informed consent in her native language.

PATIENT INFORMATION

A 47year old female patient approaches to pakwasa samanvaya rugnalya, Nagpur with complaints of . Chief complaints both knee joint pain (Ubhay janusandhi shool),Both leg pain (Ubhay padshool),Both shoulder joint pain (Ubhay Ansaandhishool),Lower back pain (katishool),Difficulty standing (Chakramanakashtata),Difficulty in rising from sitting position (Aasanotthankashtata).

HISTORY OF CURRENT ILLNESS

According to the patient, she was apparently healthy until two years ago, after which she gradually developed pain in both knee joints and lower limbs. At that time, she consulted an allopathic physician and obtained temporary symptomatic relief. Concurrently, she also practiced home-based remedies such as oil massage. Over the past 3–4 months, she has been experiencing low back pain, and for the last one month, she has reported difficulty in walking and rising from a sitting position. She is a known case of hypothyroidism for the past two years and has been on regular medication for the same.

In view of the persistence and progression of her symptoms, the patient presented to the Outpatient Department of *Kayachikitsa*, Shri Ayurved Mahavidyalaya and Pakwasa Samnvaya Rugnalaya, Nagpur, for comprehensive Ayurvedic management of her condition.

Past History

K/C/O HYPOTHYROIDISM– TAB THYROX 25 mcg OD SINCE 2 YEARS

H/O FALL – 5 YEARS AGO MINOR INJURY TO HIP JOINT

S/H/O – LSCS (2:TIMES) 23 YEARS AGO

H/O - CHICKENGUNYA 17 YEARS AGO

PERSONAL HISTORY

Ahara - Mixed Diet, *Katu-Lavan rasa*, *Ruksha Ahara*, *Viruddha Ahara*, *Adhyasana*.

Appetite -Decreased appetite but takes food regularly

Vihara – *Diwaswapna*, prolong standing, improper sitting posture.

Bowel -regular bowel 1 time per day

Micturition - Normal

Sleep - Disturbed sometimes due to pain

Menopause -5 months ago

AsthaVidha Parikshana

Nadi: Vata kaphaj

Mala:samyak

Mutra:samyak

Day- 4-5 times

Night- 1 time

Jihva: Sam

Shabda: Spastha

Sparsha: Anushnasheeta

Druka: Spects present

Akruti: Sthulya

General Examination

BP:110/70 mmhg

PR:72/min

RR:20times/min

Temp: 98.2F

Edema- No

Pallor- No

Icterus- No

Clubbing-No

Weight - 72.5kg

Systemic Examination

Respiratory sound: on Auscultation, AEBE equal, no abnormal sound detected

Cardiovascular sound: S1S2 normal

Gastrointestinal system: Non-tender, no organomegaly detected

Central nervous system:

Consciousness-conscious and fully oriented

Musculo-skeletal system

- Gait – Antalgic
- Upper limbs - Normal
- Lower limbs - Stiffness in the right left calf and thigh region with restricted range of motion.
- Redness and warmth / Weakness / Swelling / Deformity – Absent

Examination of spine

- Inspection - No visible deformity or sign of trauma
- Palpation - Tenderness over L1, L2, L3, L4, L5 level
- Movements - Cervical/Thoracic- NAD

Lumbosacral - Flexion Restricted

Extension - Restricted

SLRT TEST

SLRT (BT)	RIGHT	LEFT
ACTIVE	30 Degree (painful)	60 Degree (painful)
PASSIVE	35 Degree (painful)	65 Degree (painful)

SLUMP TEST

SLUMP TEST (BT)	RIGHT	LEFT
	POSITIVE	NEGATIVE

GAIT (BT) – Antalgic**Specific Investigation****-X ray LS spine**

Alignment shows spasm.

Changes of lumbar spondylosis

-X ray both knee

Changes Mild changes of osteoarthritis of knee joint showing marginal sclerosis of Right Tibial articular surface.

MATERIALS AND METHODS

Centre of Study: Pakwasa Samanvaya Rugnalaya IPD, Nagpur. Simple random, single case study.

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Treatment Advised - SHAMANA CHIKITSA

SR.NO	Name of medicine	Dose	Kal	Anupan
1.	<i>Simhanad guggul</i>	3 TDS	<i>Vyana Udana kaala</i>	Koshna jala
2.	Aamrutarishta	40ml TDS	<i>Vyana Udana kaala</i>	With equal amount of koshna jala
3.	<i>Panchsakar churna</i>	5gm OD	<i>Nishakal</i>	Koshna jala
4.	Aagnitundi vati	2 BD	<i>Vyana Udana kaala</i>	Koshna jala

SHODHAN CHIKITSA

SR.NO	PROCEDURE	DAYS
1	Snehan with <i>bala taila</i> (Sarvaang)	16
2	Swedan with <i>dashmoola kwath</i> (Sarvaang)	16
3	Kala basti ANUVASANA – <i>Sahacharadi taila</i> 60 ml NIRUHA – <i>Dashmuladii kwath</i> 350 ml	
4	<i>Agnikarma</i> at pain site (Alternate day) 5 setting	5 days
5	Janubasti with kottamchukadi taila	16 days
6	Dashang lepa with Rasna churna	16 days
7	Physiotherapy	16 days

DISCUSSION

The Chikitsa Sutra (treatment principle) of Sandhigata Vata primarily includes Snehana (oleation), Swedana (sudation), and Basti Karma [8]. The treatment protocol planned for the present case comprised Shodhana Chikitsa in the form of Basti Karma, along with Shamana Chikitsa. The therapeutic principles adopted aimed at Vedanasthapana (analgesia), Shothahara (anti-inflammatory action), pacification of vitiated Vata Dosha, and strengthening and nourishment of the musculoskeletal structures of the lumbar region and lower extremities. The probable modes of action of the applied Shodhana and Shamana therapies are discussed below.

Probable Mode of Action of Panchakarma Chikitsa**1. Snehana****Abhyanga:**

In Abhyanga, medicated oil (Taila) is applied to the body with systematic massage. The mechanical pressure exerted during massage increases local muscle temperature and enhances arterial circulation. From an Ayurvedic perspective, Taila possesses Snigdha, Guru, and Ushna properties, which are antagonistic to the Ruksha and Sheeta qualities of aggravated Vata Dosha. Thus, Abhyanga helps in pacifying vitiated Vata, relieving pain, and improving joint mobility [9].

2. Swedana**Nadi Sweda:**

Swedana therapy is described as Stambhaghna (alleviating stiffness), Sandhicheshtakara (enhancing joint movement), Srotoshodhana (clearing microchannels), and Kapha-Vata Nirodhana (reducing aggravated Kapha and Vata Doshas) [10]. The application of therapeutic heat liquefies the vitiated Doshas and dilates the Srotas, facilitating their movement toward

their normal sites. This results in Srotosanga Vighatana (removal of obstruction in microchannels), thereby reducing joint stiffness and improving functional capacity [11].

3. Dashamooladi Niruha Basti followed by Sahachara Taila Anuvasana Basti

Basti is considered the most effective therapy for Vata Dosha, as emphasized by Acharya Charaka [12]. The active principles (Virya) of Basti formulations are absorbed through the Pakwashaya (colon) and disseminated systemically through various body channels, enabling targeted action at the site of pathology and producing generalized therapeutic effects [13].

Basti helps in removing Kapha Avarana over Vata and directly acts at the primary seat of Vata Dosha. It aids in relieving constipation, edema, inflammation, and degenerative changes through its Srotoshodhana and Vata-Kapha Hara actions. Dashamoola, a Tridosahara formulation, contributes to anti-inflammatory and analgesic effects. Guduchi exhibits Vedanasthapana and Vataghna properties due to its Snigdha and Ushna qualities, stimulates Dhatvagni through its Tikta Rasa, and nourishes the tissues via Madhura Vipaka [14]. Punarnava possesses Kapha-Vata Hara, Shothahara, and Rasayana properties owing to its Ushna Virya [15]. Ashwagandha, with its Madhura and Ushna attributes, pacifies Vata and exhibits Balya, Vedanasthapana, and Shothahara effects [16].

Anuvasana Basti with Sahachara Taila is absorbed and distributed throughout the body, reaching even subtle channels [17]. Sahachara Taila is specifically indicated for movement disorders due to its Gati Visheshatvam, Vatahara, Brimhana (nourishing), and Pachana properties, attributed to its Madhura and Tikta Rasa [18].

Probable Mode of Action of Agnikarma

Agnikarma employs the therapeutic properties of heat characterized by Ushna, Tikshna, Sukshma, and Ashukari Gunas, which counteract the Sheeta and obstructive qualities of aggravated Vata and Kapha Doshas. Controlled application of heat using a red-hot Shalaka produces Samyak Dagdha Vrana, through which therapeutic heat is transmitted to the Twak Dhatu. This heat acts by removing Srotavarodha, pacifying vitiated Vata and Kapha, and restoring doshic balance.

Additionally, Agnikarma enhances Rasa-Rakta Samvahana (local blood circulation), facilitating the removal of pain-producing metabolites from the affected site. The increased thermal stimulation augments Dhatvagni, promoting proper tissue metabolism, digestion of Ama Dosha, and nourishment of subsequent Dhatus. As a result, stability of Asthi and Majja Dhatus is improved, leading to symptomatic relief. The penetration of therapeutic heat into deeper tissues such as Mamsa Dhatu further neutralizes the Sheeta Guna of Vata and Kapha, thereby alleviating pain and stiffness.

Probable Mode of Action of Shamana Chikitsa

Simhanada Guggulu:

Simhanada Guggulu facilitates digestion of Ama through its Deepana-Pachana action and clears obstructed Srotas. It pacifies Vata and Kapha Doshas, thereby reducing pain, stiffness, and joint swelling. Guggulu is known to exhibit anti-inflammatory and anti-arthritis properties by modulating inflammatory mediators. The mild Virechana effect of Eranda Taila supports metabolic regulation and promotes Asthi-Sandhi health.

Amritarishta:

Amritarishta acts as a Deepana-Pachana formulation, enhancing digestive fire and facilitating Ama digestion, thereby reducing systemic inflammation. It pacifies Tridosha, particularly Pitta, and nourishes Rasa Dhatu, improving strength and immunity. Being a fermented preparation, it exhibits enhanced bioavailability and demonstrates antipyretic, anti-inflammatory, and immunomodulatory effects.

Agnitundi Vati:

Agnitundi Vati improves Jatharagni and Dhatvagni, promoting digestion at both gastrointestinal and cellular levels. It is particularly effective in conditions associated with Vata imbalance, such as Adhmana, Shula, and musculoskeletal pain [21].

Panchasakara Churna:

Panchasakara Churna acts as a Mridu Virechaka, facilitating gentle bowel evacuation by stimulating intestinal motility and softening stools. Its Ushna, Snigdha, and Sukshma properties pacify Apana Vata and relieve Vibandha (constipation), Adhmana, and Anaha. Additionally, it enhances digestive function and promotes proper Anulomana of Doshas, thereby supporting normal digestion and elimination.

RESULTS

Condition of patient improved gradually along with the course of treatment.

Assesment of Results:

SLRT TEST (AT)

SLRT (AT)	RIGHT	LEFT
ACTIVE	80degree with mild pain	90 Degree within pain
PASSIVE	90degree with mild pain	90 Degree without pain

SLUMP TEST (AT)

SLUMP TEST (AT)	RIGHT	LEFT
	NEGATIVE	NEGATIVE

GAIT (AT) - Normal gait

CONCLUSION

Osteoarthritis is a major cause of morbidity and often leads to significant limitations in an individual's ability to perform daily activities. The present case study demonstrates that the combined application of *Shodhana* and *Shamana Chikitsa* was highly effective in the management of *Sandhigata Vata*. Notable improvements were observed in both subjective symptoms and objective clinical parameters, indicating substantial relief in disease manifestations and a marked enhancement in the patient's quality of life. At present, the patient is able to carry out her routine daily activities without difficulty.

Although derived from a single case, these findings provide encouraging evidence and highlight Ayurvedic intervention as a promising and viable therapeutic option for the effective management of *Sandhigata Vata*.

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