ISSN: 2322 - 0902 (P)
ISSN: 2322 - 0910 (O)

International Journal of Ayurveda and Pharma Research

Case Study

AYURVEDIC MANAGEMENT OF *SANDHIGATA VATA* W.S.R TO OSTEOARTHRITIS

Priyanka Boudh[1]*, Pankaj Kumar Singh[1], Vijay Bahadur Singh[2]

*[1]MD Scholar, [2]Associate Professor Department of Kayachikitsa, Govt. Ayurvedic College and Hospital, Patna, Bihar, India.

Article info

Article History:
Received: 20-08-2026
Accepted: 26-09-2026
Published: 04-10-2026

KEYWORDS:
Vata, Osteo Arthritis, *Sandhi, Guggulu, Shaman, Ekangveer.*

ABSTRACT

Sandhigata Vata is a very common disease seen in both developing and developed countries. It can cause mild to severe disability, but death is rare. Nowadays, its occurrence is increasing due to changes in lifestyle, diet, social habits, and frequent travelling. This condition develops when the protective cartilage at the ends of bones gradually wears away over time. The main symptoms include pain *(Shoola),* swelling *(Shotha),* a crackling or air-filled sensation on touch *(Vatapoornadriti Sparsha),* and difficulty in joint movements like bending and straightening. In Ayurveda, osteoarthritis is considered similar to *Sandhigata Vata*. According to WHO, osteoarthritis is the second most common health problem worldwide, affecting around 30% of the population. The major risk factors for knee osteoarthritis include increasing age, female gender, obesity, and occupations that involve frequent knee bending. It is the most common joint disorder, often starting without symptoms and becoming very common by the age of 70. By the age of 40, many people already show some changes in weight-bearing joints. Around 25% of women and 16% of men experience symptoms. In modern medicine, treatment mainly includes NSAIDs, calcium supplements, and in severe cases, joint replacement surgery. Because of these limitations, many patients are now turning towards Ayurveda for better management of the disease. Patient was treated by *Saman Chikitsa* with herbo and herbo-mineral formulation which include *Ekangveer rasa*, *Mansyadi Kashaya* and *Trayodasang guugulu*.

INTRODUCTION

Osteoarthritis is a chronic degenerative disorder of the joints marked by the gradual deterioration of articular cartilage. It may begin silently between the ages of 20 and 30 years, with clinical symptoms such as pain and inflammation becoming evident during middle age. Up to the age of 55, both males and females are equally affected; however, after this age, it is more prevalent in women. Approximately 4% of the population suffers from this condition, while in India, its prevalence is reported to be around 12%, making it a significant cause of disability. Although the disease starts asymptomatically in early adulthood, it becomes highly common by the age of 70.

Access this article online

Quick Response Code

https://doi.org/10.47070/ijapr.v14i9.4366

Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

In conventional medicine, the management of osteoarthritis primarily involves the use of analgesics such as NSAIDs, narcotics, corticosteroids, and intra-articular injections, which offer only symptomatic and temporary relief. In advanced stages, surgical interventions like knee replacement are recommended, which are costly, require hospitalization, and may lead to adverse effects. In contrast, Ayurveda provides a more comprehensive approach to management. *Acharya Charaka* described this condition as *"Sandhigata Vata".*[1] The main symptoms include pain *(Shoola),* swelling *(Shotha),* a crackling or air-filled sensation on touch *(Vatapoornadriti Sparsha),* and recommended general treatment principles for *Vata* disorders, including *Snehana* (oleation therapy), *Swedana* (sudation therapy), *Basti* (medicated enema), and *Mrudu Virechana* (mild purgation). He also suggested the use of *Tikta* (bitter) drugs along with *Ghrita* (ghee) for conditions involving *Asthi* (bone tissue) [2]. Since joints are primarily composed of *Asthi* and *Majja* (bone marrow), their involvement is significant in this condition. *Guggulu* is considered particularly beneficial

due to its *Srotoshodhaka* (channel-cleansing), anti-inflammatory, and anti-arthritic properties, as supported by various research studies.

Case Report

A 58 years old male patient from Maner, visited the Outpatient Department (OPD) of Kayachikitsa Department, Government Ayurvedic College, and Hospital, Patna, on 16th of May, 2025 presented with one year history of pain and stiffness in multiple joints upon awakening or after being inactive, tenderness on applying light pressure, loss of flexibility, grating sensation while using the joint, swelling around the joints. Initially, pain was started from both the knee joints and progressively it involved bilateral shoulder joints, elbow joints and ankle joints. Pain was pricking and severe in nature. It was aggravating on cold exposure and by rest and relieved by physical activity, and on exposure to sunlight. Along with joint pain, he had stiffness in multiple joints which was more in morning hours and after inactivity and lasts for about less than 30 mins. Patient also told that he developed swelling in bilateral knee joint, shoulder and elbow joints. Also, he had complained of loss of appetite. He gave no history of fatigue, weight loss, diarrhea. He had no history of diabetes, hypertension or any other major illness in the past. After history taking, we came to know he had severe pain in multiple large joints of the body, and in some small joints especially in the metacarpophalangeal, metatarsophalangeal, and proximal interphalangeal joints from March, 2024. So, he went to the allopathic hospital where he was treated but not got satisfactory relief. After knowing the adverse effects of these drugs, the patient became anxious and was not satisfied with the said medicines. Then he came for ayurvedic treatment because he wants to shift the treatment to other Pathy after knowing the adverse effects of prolonged use of allopathic drugs.

Examination

General Physical Examination

Patient was fully conscious, cooperative and well oriented to time, place and person at the time of history taking. She had moderate built and appeared to be of his age. Systemic examination of respiratory, cardiovascular, CNS and G.I.T. system revealed no abnormality detected.

Local examination

- Joints involved: Upper limbs: DIP, PIP, 1st carpo metacarpal joint, elbow joints, shoulder joint.
- Lower limbs: Knee joints, 1st metatorso phalangeal joint.
- Movement: Upper limbs- bilateral restricted (elbow joints).
- Lower limbs- Bilateral restricted (knee joints).
- Symmetry: Upper limbs - Asymmetrical
- Lower limbs - Symmetrical
- Swelling: Upper limbs - Present in elbow joint, DIP, PIP
- Lower limbs - Present in b/l knee joints.
- Deformity: Upper limbs - Present
- Lower limbs - Present
- Redness: Upper limbs- Not present
- Lower limbs - Not present
- Temperature: Upper limbs - Not raised
- Lower limbs - Not raised
- •Joint crepitus: Upper limbs- Not present
- Lower limbs - Present in b/l knee joints
- Nodules: Upper limbs- Present
- Lower limbs- Not present

Differential Diagnosis: *Amavata* (rheumatoid arthritis), *Sandhivata* (osteoarthritis), *Vatarakta* (gout).

Treatment plan

When the patient first checked in the OPD of Kayachikitsa Department, GACH, Patna. He was already on allopathic drugs which were Nsaids, corticosteroid, Tnf alpha blocker. A specific line of treatment described for *Sandhigata Vata* in Ayurvedic texts was advised to patients. As the pain in joints was the most important problem to be resolved and according to the pathophysiology of *Sandhigata Vata, Vata* is the main factor for causing osteoarthritis.

Following medication was advised:

Ekangvir Ras, Trayodashang guggul, Tab. Zonasto, Cap. Shilajit, Cap. Stresscom, Cap. Quadra Forte, Jrumax oil. Intake of very light food was advised to the patient. Yoga and meditation were also advised to the Patient to overcome the depression. But along with these drugs the allopathic drugs were not continued for the treatment. Then on May, 2025 during the regular follow up the patient's condition improved, and the pain subsided. He has advised the same ayurvedic drugs.

DISCUSSION

Ekangveer Ras [3]

Balances all three *Dosha* specially *Vata* and *Kapha*. It relives stiffness caused due to *Kapha Vata Anubandha*. It increases metabolic process in CNS & PNS, thus it facilitates good neuromuscular communication.

Trayodashang guggulu [4]

Trayodashang guggulu contains anti-inflammatory and antioxidant activities. In-vitro anti-inflammatory activity of its aqueous extract (AqTG) (in different concentrations) was evaluated by assaying inhibition of albumin denaturation, membrane stabilization (hypotonicity-induced haemolysis), anti-lipoxygenase and antiprotease activities. The in-vitro antioxidant effect was evaluated by various in-vitro methods viz. DPPH (1, 1-diphenyl-2-picryl-hydrazyl)

and hydroxyl radical scavenging and reducing power assay and total phenolic and flavonoids contents. It showed marked scavenging effect on DPPH and hydroxyl radicals and exhibited strong reducing potential. It also showed inhibition of membrane stabilizing, protein denaturation inhibitory, anti-lipoxygenase and anti-proteinase activities.

Tab. Zonasto [5]

This contains *asthisamhruta, asvagandha, methi, muktasukti Bhasma, jatiphal* which helps in collagen formation, decreases bone resorption, strengthen bone[4].

Cap. Shilajit [6]

Shilajit accelerates the differentiation of ASCs into the osteoblasts, without changing the physical properties of the Alg hydrogel, it reduces the bone defects[5].

Cap. Stresscom [7]

Contains *Ashwagandha* known to possess analgesic, anti-inflammatory and chondroprotective effects[6]. It is a *Rasayana* herbal formulation that has a real potent regenerative tonic having several properties like neuroprotective, anti-stress, anti-arthritic, anti-tumour.

Cap. Quadra Forte[8]

This contains *Nirgundi, Salai guggul, Ashwagandha*. *Nirgundi* helps to reduce pain associated with bone and Joint, anti-inflammatory. *Salai guggal* is useful in reducing pain and inflammation and *Ashwagandha* reduce oxidative damage to joints[7].

Ekangvir Ras one tablet (250mg) twice a day, *Trayodashang guggulu* two tablets (500mg) twice a day, Tab Zonasto one tablet (250mg) twice a day, Cap Shilajit two capsule (500mg) twice a day, Cap Stresscom one capsule (250mg) twice a day, Cap Quadra Forte one tablet (250mg) twice a day, Jrumax oil as a local application trice a day.

REFERENCES

1. Agnivesha, Charaka Samhita with Ayurveda Deepika commentary by Chakrapanidutta, edited by VaidyaJadavaji Trikamji Acharya. Varanasi: Chaukhamba Surabharathi Prakashan, 2009, Chikitsa Sthana 28/72, P. No:620
2. Jadhavji Trikamji Acharya, editor– Charaka Samhita of Agnivesa elaborated by Caraka and Dridabala with the Ayurveda Deepika Commentary by Chakrapanidatta. Reprint edition, Varanasi: Chaukhamba Surbharati Prakashan, 2000: su.28/27; 180.
3. Prof. Siddhi Nandan Mishra, Bhaishajya Ratnavali of Kaviraj Govind Das Sen, Varanasi, Chaukhamba Bharati Prakashan
4. Priyanka Dadoriya, Yadu Nandan Dey, Deepti Sharma, Mahendra Yadav, Manish M. Wanjari, Sudesh N. Gaidhani, V. Subhose. In-vitro anti-inflammatory and antioxidant activities of an Ayurvedic formulation– Trayodashang guggulu, Journal of Herbal Medicine, Volume 23, October 2020.
5. Acharya Balkrishna, Sandeep Sinha, Shadrak Karumuri, Jyotish Srivastava, Swati Haldar, and Anurag Varshney; National Library of Medicine; Peedanil Gold, Herbo-Mineral Formulation, Moderates Cytokine Levels and Attenuates Pathophysiology in Monosodium Iodoacetate Induced Osteoarthritis in SD Rat Model
6. Parisa Kangari, Leila Roshangar, Aida Iraji, Tahereh Talaei-Khozani, Mahboobeh Razmkhah; National Library of Medicine; Accelerating effect of Shilajit on osteogenic property of adipose-derived mesenchymal stem cells (ASCs)
7. G.S.H. Ramakanth, C. Uday Kumar, P.V. Kishan, and P. Usharani, A randomized, double blind placebo-controlled study of efficacy and tolerability of Withaina somnifera extracts in knee joint
8. Pallavi Nirmal, Soumya Koppikar, Prashant Bhondave, Aarti Narkhede, Bhagyashri Nagarkar, Vinayak Kulkarni, Narendra kumar Wagh, Omkar Kulkarni, Abhay Harsulkar and Suresh Jagtap; Influence of Six Medicinal Herbs on Collagenase-Induced Osteoarthritis in Ratspain, J-AIM, 2016.

Cite this article as:
Priyanka Boudh, Pankaj Kumar Singh, Vijay Bahadur Singh. Ayurvedic Management of Sandhigata Vata w.s.r to Osteoarthritis. International Journal of Ayurveda and Pharma Research. 2026;14(9):118-120.
https://doi.org/10.47070/ijapr.v14i9.4366
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. Priyanka Boudh
MD Scholar
Department of Kayachikitsa
Govt. Ayurvedic College and Hospital, Patna, Bihar, India.
Email: priyankaboudh45@gmail.com

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.