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## Efficacy of Ayurvedic Interventions in Managing

### *Kroshtuksheersha*: A Case Study

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#### ABSTRACT

**Background:** Movement is essential for daily functioning, and any restriction can cause significant discomfort and affect quality of life. In Ayurveda, disorders that involve impaired movement are primarily associated with *Vata dosha* and classified under *Vatavyadhi*. *Kroshtuksheersha*, as described by Acharya Sushruta, is one such *Vatavyadhi*, presenting with knee joint swelling, redness, and pain due to the combined predominance of *Vata* and *Rakta doshas*. This condition is uncommon in modern clinical practice. **Objective:** To evaluate the effectiveness of an Ayurvedic therapeutic regimen in the management of *Kroshtuksheersha* and its role in alleviating associated symptoms. **Methods:** An 18-year-old male with symptoms of knee swelling, redness, pain, and restricted mobility was diagnosed with *Kroshtuksheersha*. The treatment plan was designed to balance *Vata dosha* while preventing aggravation of *Pitta* and *Rakta doshas*. The therapeutic protocol involved the use of *Aampachak* drugs to eliminate *Ama*, *Vatashamak* and *Raktashodhak* medicines to pacify *Vata* and purify *Rakta*, followed by *Janubasti* therapy once inflammatory signs subsided to ensure complete pacification of *Vata dosha*. Outcomes were assessed using knee circumference, range of motion, pain level, and tenderness grading. **Results & Conclusion:** Over a three-month period, the patient demonstrated significant improvement, with noticeable reduction in swelling, redness, pain, and mobility restrictions. These findings suggest that Ayurvedic treatment can be highly effective in managing *Kroshtuksheersha* through a personalized approach targeting underlying *dosha* imbalances. Larger clinical studies are warranted to confirm these results and establish standardized treatment protocols.

**Keywords:** *Kroshtuksheersha*, Ayurvedic management, *Vatavyadhi*, Knee joint, *Janubasti*.

## 1. INTRODUCTION

*Kroshtuksheersha*, classified under *Vatavyadhi* by Acharya Sushruta, is a clinical condition that primarily affects the knee joints. However, considering its etiology and clinical features, it cannot be regarded as a purely *Vataja* disorder (*Shuddha Vatika*). Instead, it closely resembles *Vatarakta* in its pathogenesis and symptomatology [1]. The disease remains localized to the knee joint, unlike *Vatarakta*, which typically involves multiple joints.

The diagnosis is made primarily on clinical grounds, with key indicators being:

- (a) *Jaanu Sandhi Shopha* – noticeable inflammation of the knee joint, and
- (b) Severe pain confined to the affected knee.

This case was not categorized as *Vatarakta* because no other joints were involved, nor did the disease originate from the *Hasta-Pada Moola* (extremities). References to *Kroshtuksheersha* are found in several Ayurvedic texts following *Sushruta Samhita*, including *Ashtanga Hridaya* [2], *Madhav Nidan* [3], and *Yoga Ratnakara* [4]. The condition involves a combined dominance of *Vata* and *Rakta doshas*. While classical texts do not explicitly detail its causative factors or specific line of treatment, these can be inferred from

the management principles of *Vatarakta* due to the similarity in doshic involvement.

### **Aim and objectives of the study:**

To evaluate the therapeutic efficacy of Ayurvedic drugs in managing a case of *Kroshtuksheersha*.

### **Site of the study:**

The current clinical case study was conducted in the Department of Kaya Chikitsa at Gangasheel Ayurvedic Medical College and Hospital (GAMCH), located on Bisalpur Road in Bareilly, Uttar Pradesh.

### **The clinical case:**

#### **Patient particulars**

The patient is 18 years old and follows the Hindu religion. He belongs to a middle-class family and works as a farmer. His diet is purely vegetarian, and he does not consume any soft or hard beverages.

#### **Chief complaints**

- a. Pain in bilateral knee joint since one year of time.
- b. Swelling in bilateral knee joint since a period of eight months.
- c. Unable to walk independently since a period of four months.
- d. Occasional low-grade fever issue.

### History of present illness

The patient had been in good health until about a year ago when he started developing pain in his knee joints along with recurrent episodes of fever. He managed these symptoms on his own by taking antipyretic and analgesic medications purchased from a nearby pharmacy. Gradually, swelling developed in both of the knee joints, and over the past four months, this progressed to the extent that he became unable to walk independently. Despite taking allopathic medications during this period, there was no significant improvement in his condition. Subsequently, he visited the *Kaya-chikitsa* Outpatient Department (O.P.D.) of Gangasheel Ayurvedic Medical College and Hospital, Kamua Kalan, Bareilly, for further evaluation and treatment.

### Past medical history of the patient:

The patient reported no history of similar episodes, trauma, or any major illness related to his current complaints. **Kulaja**

### Family history:

No significant family history was present.

### Personal history:

- Appetite was noted normal.
- Predominant *rasa* in *ahara* was *madhura-rasa*.
- Sleep was normal in the patient.

- Habit of proper bowel evacuation but due to pain in knee joints there was difficulty in passing stool.

### On examination

- The patient was afebrile and had normal vital signs.
- Pallor was noted during examination.
- No clinical abnormalities were found in the cardiovascular, respiratory, or abdominal systems.
- The patient's *Prakriti* was identified as Vata-pittaja.

### Eightfold of examination

- Pulse was *Vata* dominant.
- Frequency and colour of urine was normal with no burning.
- Stool was *Nirama* with a feeling of complete evacuation.
- Tongue was *Nirama*, suggesting proper digestion.
- Speech was clear and fluent.
- Touch was *snigdha*.
- Eyes were normal.
- Appearance was lean.

### Examination of the Locomotory System

- Bilateral knee joint swelling along with fluctuation and raised local temperature.
- Bilateral incomplete extension of knee joints with degree of mobility diminished in both of the knee joints. Tenderness was present in bilateral

knee joint. No muscular wasting was observed. Plantar reflex were bilaterally flexon.

**Diagnosis** - Based on clinical history taken and examination done the condition was diagnosed as *Kroshtuksheersha*.

### Treatment Protocol

Total duration: 3 months

Follow up done in every 15 days.

### First Month Plan

1. *Ekanveer-rasa* – 250mg  
*Rasa-manikya* – 100 mg  
*Godanti bhasma* 250 mg  
1\*2 doses with honey
2. *Kaishor-guggul* 500 mg B.D.
3. *Agnitundi-vati* – 250 mg tds
4. *Dashmool-kwath* 30 ml B.D. with luke warm water
5. *Trikatu-churna* – 3 gm B.D. with luke warm water
6. Crape bandage to use on both knee joints of the patient.
7. Tab. Diclofenac 75mg S.O.S.

### Second Month Plan

**3. Evaluation Criteria:** The patient's improvement was evaluated based on the reduction in knee joint swelling, the range of knee joint movement, and the decrease in pain and tenderness.

### Swelling of knee joints

	Before Trial	After 1 month	After 2 months	After 3 months
<b>Right Knee Joint</b>				
<b>Above knee joint</b>	13 inches	11.5 inches	11 inches	10 inches
<b>Mid knee joint</b>	14.1 inches	13 inches	13 inches	12 inches
<b>Below knee joint</b>	12 inches	10.5 inches	10 inches	09 inches

1. Tab. *Rheumayog gold*- 1 tab B.D.
2. *Trayodashang-guggul* 500 mg B.D.
3. *Chitrakadi-vati* – 2 tablets B.D.
4. Tab. *Asthiposhak* 1 O. D.
5. *Dashmool-kwath* 30 ml B.D. with lukewarm water
6. Tab. *Neurokind gold* 1 O.D.
7. Crape bandage to use on both of the knee joints.
8. *Mahanarayan-taila* – Snehan on both of the knee joints

### Third Month Plan

1. Tab. *Rheumayog gold*- 1 tab B.D.
2. *Chitrakadi-vati* – 2 tablets B.D.
3. Tab. *Asthiposhak* 1 O. D.
4. *Ashvagandha-arishtha* 20 ml B.D. with equal water
5. *Dashmool-ghrita* 5 gm B.D.
6. *Janu Basti* with *Mahanarayan-taila*
7. Crape bandage to use on both of the knee joints.

Left Knee Joint				
Above knee joint	12.7 inches	11.2 inches	11 inches	10 inches
Mid knee joint	14 inches	13 inches	13 inches	12 inches
Below knee joint	12.3 inches	11 inches	10.5 inches	10.5 inches

### 1. Degree Of mobility [5]

	Before Trial	After 1 month	After 2 months	After 3 months
Right Knee Joint				
Flexion	130 degrees	130 degrees	130 degrees	130 degrees
Extension	45 degrees	25 degrees	15 degrees	5 degrees
Left Knee Joint				
Flexion	135 degrees	135 degrees	135 degrees	135 degrees
Extension	30 degrees	20 degrees	10 degrees	0 degree

### 2. Pain [6] and tenderness [7]

Assessment of pain was done based on visual analogy scale and tenderness on basis of the rating scale

	Before Trial	After 1 month	After 2 months	After 3 months
Right Knee Joint				
Pain	4	2	2	0
Tenderness	2	1	1	0
Left Knee Joint				
Pain	4	3	2	0
Tenderness	3	2	1	0

### 3. RESULT AND DISCUSSION

*Kroshtuksheersha* is a type of *Vatavyadhi* that primarily affects the knee joints. It is characterized by intense pain, accompanied by redness and swelling of the knees, with *Vata* and *Rakta doshas* playing a predominant role. According to Ayurvedic principles, the presence of *Shopha* (swelling) indicates the involvement of *Kapha dosha*, while the

presence of redness and heat signifies the participation of *Pitta dosha*.

Based on this understanding, an integrated treatment strategy was adopted. Initially, *Aampachaka* medicines were administered to eliminate *Ama*, along with *Shothahara* (anti-inflammatory) and *Vatashamaka* (*Vata*-pacifying) drugs to address the acute inflammatory stage.

Once the inflammation (*Amavastha*) subsided, *Vrinhana* and *Asthiposhaka* formulations were introduced to nourish the tissues and strengthen the bones. Additionally, Ayurvedic therapeutic procedures such as *Snehana* (oleation) and *Anuvasana Basti* (medicated enema) were performed to improve joint function and mobility.

For monitoring of the progress, objective parameters such as knee joint swelling, range of motion, pain intensity, and tenderness were regularly assessed. After three months of consistent treatment, the patient showed almost complete recovery and became free of symptoms.

## CONCLUSION

This clinical case report indicates that an integrated Ayurvedic and modern treatment approach is both effective and safe in managing Kroshtuksheersha. The patient did not experience any adverse effects during or after the treatment period.

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