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*Corresponding author:

naik.15.samiksha@gmail.com

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Application of the Concept Pravritti Ubhayasyatu in Sandhigata Vata:

A case study

Samiksha Sanjeev Naik^{1*} Bishnupriya Mohanty²

¹PG Scholar, Department of Kayachikitsa, Gomantak Ayurveda Mahavidyalaya & Research Centre, Shiroda, Goa, India 403103

² Professor, Head of Department, Sanskrit Samhita & Siddhanta, Gomantak Ayurveda Mahavidyalaya & Research Centre, Shiroda, Goa, India 403103

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ABSTRACT

Sandhigata Vata is one type of *Vata Vyadhi* and is associated with joint swelling and is seen as a leather bag full of air on palpation and is painful while extension and flexion of the joints. In this article, a case report will be described where there is successful management of *Sandhigata Vata* with an *Ayurvedic* approach. The present case study reports a 67-year-old female diagnosed with *Janu Sandhigata Vata* who presented with pain, swelling, crepitus and difficulty in walking involving the left knee joint. The patient was managed with a combination of *Shamana* and *Panchakarma* therapies administered in three treatment phases. Clinical improvement was assessed using pain, swelling, range of movement and crepitus before and after treatment. Marked improvement was observed in joint function and reduction of symptoms. This case demonstrates that *Ayurvedic* management can effectively improve clinical outcomes in *Sandhigata Vata* and highlights the practical application of the concept of *Pravritti Ubhayasyatu* during assessment of joint movements.

Keywords: *Sandhigata Vata*, *Pravritti Ubhayasyatu*, Osteoarthritis

1. INTRODUCTION

As per *Charaka Samhita*, *Sandhigata Vata Vyadhi* is due to the predominance of *Vata Dosha*. If the *Vata* becomes extremely aggravated within the joints, then the condition known as *Vata Purna Dhruti Sparsha* (feeling like an air-filled bag when touched), *Shotha* (swelling), *Prasaranna Akunchan Pravriti Savedhna* (difficulty in extension and flexion of joints along with pain) will occur [1]. As per *Sushruta Samhita*, if the *Vata* becomes extremely aggravated in the joint, then the condition known as *Hanti Sandhigata* (destruction in joints and its functions), *Sandhi Shoola* and *Shotha* (pain and swelling in joints) will arise [2]. As per *Madhav Nidana*, if the *Vata* becomes extremely aggravated within the joints, causes destruction of the actions of joints, *Sandhishoola* and *Atopa* (pain and crepitus in joints) will arise [3].

Concept of *Pravritti Ubhayasyatu* - In *Ayurveda*, *Pravritti Ubhayasyatu* denotes the simultaneous impairment of both flexion (*Akunchana*) and extension (*Prasarana*) movements of a joint due to aggravated *Vata Dosha*. *Charaka* describes this as "*Prasarana Akunchanayoh Pravritti Savedana*", indicating painful restriction during both movements. In *Sandhigata Vata*, degeneration of *Sandhi*, *Snayu* and *Asthi*

leads to pain during active and passive movement. Therefore, assessment of pain during flexion and extension becomes an important clinical parameter for evaluating disease severity and therapeutic response. In the present case, the patient had pain while walking, climbing stairs and knee movements, indicating involvement of both flexion and extension. Hence, the concept of *Pravritti Ubhayasyatu* was applied during assessment as well as while evaluating improvement following *Ayurvedic* management.

2. PATIENT INFORMATION

A case of 67 years old female patient visited OPD (OPD no. 25-589) of *Kayachikitsa* of GAM&RC Shiroda, Goa. She presented with the chief complaint of *Vama Janu Sandhi Shoola* (Left knee joint pain) with *Tat Pradesha Shotha* since 2 months, which was on and off. She was also complaining of *Chakramana Kashtata* (difficulty in walking) due to *Sandhi Shoola*. Walking and climbing aggravated the pain. The knee pain had affected her daily living activities. On examination, it revealed tenderness, swelling, crepitus and the range of motion of the leg was reduced. Before 2 months, the patient was apparently healthy; later she had gradual appearance of the above-mentioned symptoms, and these

symptoms led to difficulty in walking. So, the patient came to Kayachikitsa department for further management.

Purvotpanna Vyadhiprutta-K/C/O-HTN since 2 years.

Bhesaj Itihas: Tab Clinidipine Ip 10mg 1-0-0

Kulavrutta- Mother - Sandhigata Vata & No family history of Sandhigata Vata among her siblings.

Ahara/Vihara

BF: Chapati, Bread, Poha, Vegetables (Pulses), Bakery products, Tea/ Coffee.

L- Rice, Dal, Curd, Fish curry, Chicken.

D- Chapati, Vegetable, Fish, Rice, Dal.

Other Items- Samosa, Bhaji, Chinese fast food, etc. fried items all Vata Prakopaka Ahara.

Physical Examination (Generalized):

Nadi- 80 /min

Mala- Nirama, occ. Malavastambha

Mutra- Samyaka

Sweda – Ati Sweda Pravrutti

Druk – Pallor +

Jivha- Nirama

Akruti- Sthula +

Prakruti- Vata Pradhana, Pitta Anubandhi

Agni- Mandya

Nidra- Khandita, 7 hrs

Raktadab- 140/70 mm of Hg

Shwasan- 18/min

Koshta- Madhyam

Dehoshma- 98.6 degrees Fahrenheit (Afebrile)

R/S- AEBE, clear

P/A- Soft, non-tender with normal bowel sounds

CVS- S1, S2 heard (normal)

CNS – Conscious, Well-Oriented

Dushta Srotas Parikshan: Rasavaha, Mamsavaha, Medavaha, Asthivaha, Majjavaha, Artavaha Srotas (Postmenopausal) Dushti

Nidana:

i)Aharaja Hetu: Atiruksha, Abishyandi Ahara, Katu Ahar Sevan, Shita Ahara Sevana, Vata Prakopaka Ahara.

ii)Viharaja Hetu: Diwaswapa (two hours), Maruta Sevana.

Vyadhi ghataka:

Dosha: Vata Pradhana

Dushya: Rasa, Mamsa, Meda, Asthi, Snayu, Kandara, Sira.

Adhisthana: Sandhi.

Srotas: Rasavaha, Mamsavaha, Asthivaha, Medavaha, Majjavaha, Artavaha (postmenopausal)

Awastha: Nava

Vyadhi Vinischaya: Sandhigata Vata.

Table No. 1: Symptoms of Osteoarthritis Correlated to Sandhigata Vata

Sandhigata Vata	Osteoarthritis
<i>Sandhi Shoola</i>	Pain in joints
<i>Aatopa</i>	Crepitus in Joints
<i>Vedanayukta sandhipravriti</i>	Painful movements of Joints
<i>Shotha</i>	Swelling of Joints

Table no. 2: Systemic Examination

Locomotory system (- no symptom; + mild; ++ moderate; +++ severe symptom)

Symptoms	Right Knee Joint	Left Knee Joint
Tenderness	-	+
Temperature	-	+
Swelling	-	++
Crepitus	+	+
Redness	-	-

Samprapti:

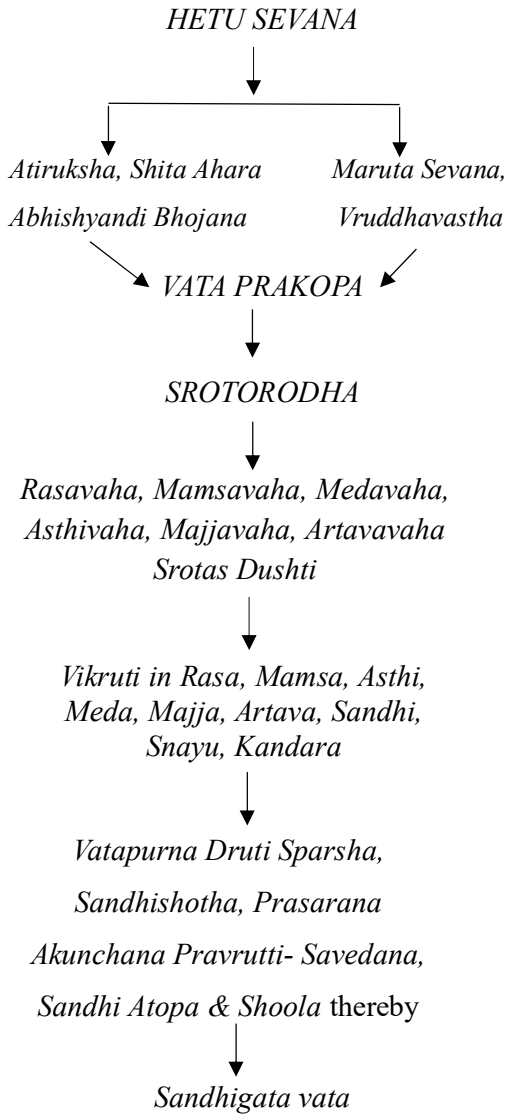


Table No. 3: Rogi Pariksha

1.	<i>Prakruti</i>	<i>Vata Pitta</i>
2.	<i>Sarata</i>	<i>Madhyam</i>
3.	<i>Sanhananataha</i>	<i>Madhyam</i>
4.	<i>Pramanata</i>	Ht.167 cm; Wt-64 kg; BMI: 22.9
5.	<i>Satwataha</i>	<i>Madhyam</i>
6.	<i>Satmyataha</i>	<i>Madhyam</i>
7.	<i>Ahara Shakti</i>	<i>Madhyam</i>
8.	<i>Vyayama Shakti</i>	<i>Madhyam</i>
9.	<i>Vaya</i>	<i>Vruddha</i>
10.	<i>Jivha</i>	<i>Nirama</i>
11.	<i>Deshataha</i>	<i>Anupa</i>

Table No. 4: Samprapti Ghataka

<i>Dosha</i>	<i>Vata Pradhan Pitta</i>
<i>Dushya</i>	<i>Rasa, Mamsa, Meda, Asthi, Majja, Shukra (Artava)</i>
<i>Strotas</i>	<i>Rasa, Mamsa, Meda, Asthi, Majja, Artava</i>
<i>Ama</i>	<i>Nirama</i>
<i>Udbhavastha na</i>	<i>Pakvashaya</i>

Provisional Diagnosis:

Janu sandhigata Vata, Ama Vata, Vata Rakta, Koshtruk shirsha.

Differential Diagnosis:

Janu sandhigata Vata, Ama Vata, Vata rakta, Koshtruk shirsha.

Diagnosis:

Janu sandhigata Vata.

Prognosis – Sadhya.

3. MATERIALS AND METHODS

1. Assessment Criteria
2. *Chikitsa* done (Drugs used for treatment and *Panchkarma Chikitsa*).

Assessment criteria:

- a) *Sandhi Shoola*
- b) *Sandhi Shotha* (swelling)
- c) *Akunchana Prasaranajanya Vedana* (pain during flexion and extension)
- d) *Sandhi Atopa* (crepitus)

Grading for *Sandhi Shoola* assessment

Grade 0	No pain
Grade 1	Mild Pain
Grade 2	Moderate Pain
Grade 3	Severe Pain

Grading for *Sandhi Shotha* (swelling) assessment

Grade 0	No swelling
Grade 1	Mild swelling
Grade 2	Moderate swelling
Grade 3	Severe swelling

Grading for *Akunchana-Prasaraana Vedana* (pain during flexion and extension) assessment

Grade 0	No Pain
Grade 1	Pain only on excessive movement
Grade 2	Pain during routine flexion-extension
Grade 3	Severe restriction with pain

Grading for *Sandhi Atopa* (crepitus) assessment

Grade 0	Absent
Grade 1	Present on Palpation only
Grade 2	Audible Crepitus
Grade 3	Audible with painful movement

Chikitsa:

➤ **Phase 1:** *Shodhan, Deepana & Pachana, Mala Nirharan, Vatanashana.*

Shaman Chikitsa (10 Days)

Making the Joint ready for further treatment

1. Local application of *dashanga shunthi lepa* (for 2 hrs)
2. *Shanshamani Vati* 1-1-1 (*Apane* - Before Food)
3. *Gokshuradi Guggulu* 1-1-1 (*Apane* - Before Food)

Shodhan Chikitsa

1. *Dashamoola Kwatha Niruha Basti* (3 days)
2. *Sarvanga Snehana* with *Nirgundi Taila* (20 min) (8 days)
3. *Peti Sweda* (15 min) (8 days)

➤ **Phase 2: (10 Days)**

Repairing joint cartilage, *Vata Nashana* and *Rasayana*

Shamana Chikitsa:

1. *Padmakashta* – 200 mg + *Mandura*- 80 mg – 1 dose at 10 am and 4 pm. (*Rasayana*)

2. *Dashamooladi Kwatha* – 80 ml at 6 am and before dinner
3. *Lakshadi Guggula* 1-1-1 (*Vyanodana* - After meal)
4. *Chandraprabha Vati* 1-1 (*Apane* – Before Food)
5. *Punarnava Mandur* 1-1-1 (*Vyanodana* - After meal)

Shodhana Chikitsa:

1. *Matra Basti* with *Ksheerbala Taila* (60 ml)
2. *Ubhay Janu Basti* with (*Dashamoola* + *Vishatinduka Taila*)

➤ PHASE 3:

Rasayana (to be continued until next follow-up) to maintain the health of joints and to prevent recurrence.

1. *Padmakashta* – 200 mg + *Mandura*- 80 mg - 1 dose at 10 am and 4 pm. (*Rasayana*) x 3 months.
2. *Yoga basti* – 3 *Niruha* and 8 *Anuvasana* = 8 *bastis*. Every 6 months to prevent *vata dosha*.

4. OBSERVATIONS & RESULTS

Patients underwent the above-mentioned medication. The patient was assessed before and after treatment as described in Table no. 5.

5. DISCUSSION

A 67 years old female patient was identified as a case of *Sandhigata Vata*. On evaluation of the signs and symptoms

along with joint examination, patient was prescribed and followed the following treatment approach; treatment modality was carried out in three phases:

Phase 1: Joints were prepared for further treatment.

Phase 2: Helps in development of the joints, *Vata-Nashana* and *Rasayana* therapy.

Phase 3: Maintaining joints and preventing recurrence of the disease.

Sandhis are seat of *Sleshmaka Kapha*. In case of *Sandhigata Vata*, *Vata Dosha* is *Prakopita* in *Kaphasthana*. It causes increase of the properties *Ruksha* and *Sheeta* along with reduction in *Kapha*. As both *Vata* and *Kapha* are *Sheeta* by *Guna*, hence medication should be *Ushna*, *Vrimhana* and *anulomana*.

Table No. 5: left knee joint Assessment

S. No.	Assessment Criteria	B.T. (Left Knee Joint)	A.T. (Left Knee Joint)
1.	<i>Sandhi Shoola</i>	Grade 3	Grade 1
2.	<i>Sandhi Shotha/ Swelling</i>	Grade 2	Grade 0
3.	Range of motion/ movement	Grade 3	Grade 1
4.	<i>Sandhi Atopa/ Crepitus</i>	Audible Crepitus	Palpable Crepitus

Sandhigata Vata is a disease characterized by pain in the *Sandhi* (joints). It is due to the vitiation of *Vata Dosha*. *Kapha Dosha* might be present along with the clinical condition. The vitiated *Doshas* affect *Rasa*, *Mamsa*, *Meda*, *Asthi*, *Majja* and *Snayu*, especially *Asthi Dhātu*, as *Vayu* has *Ashraya-Ashrayee Bhava Sambanda* with it [6] [7] [8].

Application of *Pravritti Ubhayasyatu* in the present case: In the present case, the patient presented with pain during walking, difficulty in climbing stairs and painful movements of the left knee, indicating impairment of both flexion (*Akunchana*) and extension (*Prasarana*). This clinical presentation corresponds to the classical description of "*Prasarana Akunchanayoh Pravritti Savedanā*" mentioned by *Acharya Charaka* in *Sandhigata Vata* [1]. During treatment, assessment was focused not only on reduction in pain and swelling but also on improvement in the range of joint movements. Following *Shamana* and *Panchakarma* therapy, the patient showed marked reduction in pain during flexion and extension, improved mobility and better functional capacity. Thus, the concept of *Pravritti Ubhayasyatu* was practically applied as an important clinical parameter for assessing therapeutic outcome in this case.

Basti is the only means of eliminating *Vata Dosha* from the body and its vitiation. Furthermore, it acts upon the other *Doshas* like *Pitta*, *Kapha* and *Rakta*. As per Ayurveda, the *Virya* of the substances used in the *Basti* procedure enters the body as *Rasa* through *Rakta* and reaches *Kha Vaigunya Sthana* [9].

It is for this reason that *Acharya Sushruta* states that the use of different ingredients makes the *Basti* procedure effective in treating *Paittika*, *Kaphaja*, *Raktaja*, *Sansargaja* and *Sannipatika* disorders [10].

The *Purishadhara Kala* is nothing but the *Asthidhara Kala*. As per the *Asthivaha Srotodushti* treatment, *Basti* therapy can be resorted to because the *Basti* substances have a direct effect on *Purishadhara Kala* and it is mandatory for nourishing the *Asthidhara Kala* and *Asthidhatu* [11].

Basti therapy was selected based on the ability to pacify *Vata*. The procedure of *Matra Basti* was carried out for the nourishment of *Asthi*, *Sandhi* and the tissues surrounding them. This is essential to provide the strength and stability to the knee joint, as well as to strengthen the ligaments (*Snayu*) and the tendons (*Kandara*). Thus, the medicine will directly act on the targeted tissue [12].

The following is the mode of action of drugs and treatment -

SHAMANA CHIKITSA:

Dashmuladi Kwatha – Helps in relieving *Sandhi Shoola*. Constituents- Consists of *Bilva*, *Agnimanth*, *Shyonaka*, *Patala*, *Gambhari*, *Brihati*, *Kantakari*, *Gokshura*, *Shalaparni* and *Prishnaparni*. The patient has been instructed to consume 2 tsp of powder mixed with 1 cup of water and this concoction is to be boiled and reduced to ¼ cup. Has to consume it on daily basis B.D i.e. twice a day. *Dashmula* comes under the category of *Shothahara Gana* (C.S.S4/5) [4]. Helps in alleviating *Shotha* (swelling) and *Sandhi Shoola*.

Sanshamani Vati- To act as *Deepana* & *Pachana* resulting in *Agnivardhan*. Used in the treatment of *Vata* disorders; therefore useful in the management of *Sandhigata Vata*. To be taken thrice a day. Helps in improving mobility of the joints along with their functionality. Stimulated blood circulation which delivered essential nutrients to the joints and removed waste products from the affected region.

Gokshuradi Guggulu [5] - Helps in treating the disorders involving *Vata Dosha*. Helps in alleviation of *Shoola*. Can be consumed thrice a day. Reduction of pain and inflammation by means of *Gokshuradi Guggulu* helped in improving joint mobility and flexibility.

Padmakashta and *Mandura* - It is used for treatment of joints. This medication has

proven useful in relieving joint inflammation and joint pains. It promotes healthy cartilages. It helps in keeping joint structures and functions intact and improves bone and joints health.

SHODHAN CHIKITSA:

The patient was subjected to *Matra Basti* with *Ksheerbala Taila* for 7 days. *Ksheera Bala Taila* consists of *Bala*, *Ksheera* and *Tila Taila*. It helps in balancing *Vata Dosha* and helps in doing detoxification. It helps in cleansing *Ama Aoshha* from the body.

Dashamoola Kwatha Niruha Basti was prescribed by the physician for reducing vitiated *Vata Dosha*. *Sarvanga Snehana* with *Nirgundi Taila* is used for balancing vitiated *Vata Dosha*, improving physical fitness and reducing pain due to flexion and extension of joints.

Peti Sweda helps in relaxing the body and helps in removing *Sthambha Gaurava Nighraha* (stiffness of joints) and removes *Sandhi Atopa*, *Shoola*.

Ubhaya Janubasthi with *Dashmula* and *Vishitinduka Taila* was given which helped in relieving *Sandhishula*, *Shotha* and *Atopa*.

The *Dashanga Shunthi Lepa* treatment was also given, which helped reduce the *Shotha* (reduction of fluid content). The total duration of the treatment in this case study was 20 days.

6. CONCLUSION

It could also be seen that the relief was better after 20 days of the treatment process regarding the signs and symptoms of the patient.

Patient had obtained relief from the symptoms like *Sandhi Shoola*, *Sandhi Shotha*, *Ankunchan* *Prasaranjanya Vedana* and *Sandhi Atopa*. There had been a visible improvement in the symptoms and patient had become better due to the treatment process.

Consequently, the conclusion could be made that *Panchakarma* in combination with medication helps in the treatment of *Janu Sandhigata Vata*.

Janu Sandhigata Vata has become an overwhelming problem in the society for quite some time now and therefore, it is certain that the risk factor will increase in coming years owing to this kind of lifestyle. As some promising results have been obtained through this study, it could be considered for further research.

REFERENCES

1. Sharma P. *Charaka Samhita: Agnivesha's Treatise Refined and Annotated by Charaka, Redacted by Dridhabala*. Vol. 2. 2014 ed. Varanasi: Chaukhambha Orientalia; 2014. Chikitsa Sthana. 28/37.

1. Shastri AD, editor. *Sushruta Samhita of Maharshi Sushruta* with Ayurved-Tatva-Sandipika Commentary. Vol. 1. Varanasi: Chaukhambha Sanskrit Sansthan. Nidana Sthana. 1/28.
2. Madhavakara. *Madhava Nidana* with Madhukosha Sanskrit Commentary by Vijaya Rakshita and Shrikanthadatta. Tripathi RD, editor. 1st ed. Varanasi: Chaukhambha Surbharati Prakashan; 1993. Chapter 22, Verse 21.
3. Shastri K, Chaturvedi G, editors. *Charaka Samhita of Agnivesha* revised by Charaka and Dridhabala with Vidyotini Hindi Commentary. Varanasi: Chaukhambha Bharati Academy. Sutra Sthana. 4/5.
4. Murthy KRS. *Sharangadhara Samhita* (Text with English Translation). Reprint ed. Varanasi: Chaukhambha Orientalia; 2017. Madhyama Khanda. 7/84-87.
5. Prasanna KG, et al. A brief case history of Janu Sandhigata Vata managed with Ayurveda treatment. *Int J Appl Ayurveda Res*. 2017;3(4):792-5.
6. Paradakara HS, editor. *Ashtanga Hridayam* of Vagbhata with Commentaries of Arunadatta and Hemadri. 9th ed. Varanasi: Chaukhambha Orientalia; 2002. Sutra

Sthana. 11/26. p.186.

Sthana. 28/15-17. p.779.

7. Pandey G, editor. *The Charaka Samhita of Agnivesha* with Ayurveda Dipika Commentary of Chakrapani Datta and Vidyotini Hindi Commentary by Kashinath Shastri. 5th ed. Part 2. Varanasi: Chaukhambha Sanskrit Sansthan; 1997. Chikitsa Sthana. 28/12. p.778.
8. Pandey G, editor. *The Charaka Samhita of Agnivesha* with Ayurveda Dipika Commentary of Chakrapani Datta and Vidyotini Hindi Commentary by Kashinath Shastri. 5th ed. Part 2. Varanasi: Chaukhambha Sanskrit Sansthan; 1997. Chikitsa Sthana. 11/26. p.186.
9. Agnivesha. *Charaka Samhita* with Ayurveda Dipika Commentary of Chakrapanidatta. Trikamji Y, editor. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2011. Siddhi Sthana. 8/6. 15
10. Cherian CJ, Singh M. Role of Purishadhara Kala in calcium and bilirubin metabolism. *Int J Appl Ayurveda Res.* 2014;1(7):1-6.
11. Agnivesha. *Charaka Samhita* with Ayurveda Dipika Commentary of Chakrapanidatta. Trikamji Y, editor. 2018 ed. Varanasi: Chaukhambha Surbharati Prakashan; 2018. Siddhi Sthana. 8/6. p.713.