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Ayurvedic Management of Janusandhigat Vata through Agnikarma: A Case Study

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Abstract:

Background: Sandhigat Vata, a subtype of Vata Vyadhi, is a chronic degenerative condition that typically presents with joint pain, swelling, stiffness, and crepitus, particularly in weight-bearing joints such as the knees. It is closely comparable to osteoarthritis in modern medicine and significantly affects quality of life. Conventional treatment options often offer only temporary relief and may lead to adverse effects with long-term use. **Objective: To** assess the clinical efficacy of Agnikarma using Panchadhatu Shalaka in the management of Janusandhigat Vata (osteoarthritis of the knee). **Methods:** A 28-year-old female patient with bilateral knee pain, swelling, and crepitus, diagnosed with Janusandhigat Vata, was treated at Rani Dullaiya Smriti Ayurveda PG College Hospital, Bhopal. The patient had a history of partial relief with NSAIDs but no sustained benefit. The treatment protocol involved Agnikarma application over the affected joints using Panchadhatu Shalaka once weekly for three weeks, along with internal administration of Triphala Guggulu, Rasnadi Guggulu, and Sahacharadi Kwatha. Clinical parameters such as pain (VAS), swelling, range of motion, and stiffness were assessed at baseline and after each session. **Results:** Post-treatment observations revealed a substantial reduction in pain and swelling, improvement in range of motion, and near-complete resolution of stiffness and crepitus. Pain scores reduced from 7/10 to 2/10, and functional mobility was significantly restored. No adverse effects were reported during the treatment period. **Discussion:** Agnikarma offers localized thermal therapy that induces microcirculatory enhancement, pain fiber desensitization, and Vata pacification. It acts by reducing local inflammation and promoting tissue regeneration. **Conclusion:** Agnikarma is a clinically effective, safe, and sustainable treatment modality in the management of Sandhigat Vata, with potential for broader clinical application in osteoarthritis care.

Keywords: Agnikarma, Sandhigat Vata, Panchadhatu Shalaka, Knee osteoarthritis

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INTRODUCTION:

Sandhigat Vata, a subtype of *Vata Vyadhi* described in Ayurvedic classics, refers to a degenerative joint disorder characterized by pain (*Shoola*), swelling (*Shotha*), stiffness, restricted movement, and a typical *Vata-purna driti sparsha* (air-filled bag-like crepitus) upon palpation. The classical reference from *Charaka Samhita* (Chikitsa Sthana 28/37) aptly outlines the pathological manifestations of *Vata Dosha* in joints[1] in modern parlance, *Sandhigat Vata* correlates closely with osteoarthritis (OA), a chronic progressive degenerative disorder affecting articular cartilage and subchondral bone, often associated with synovial inflammation. OA is one of the leading causes of disability worldwide. According to the World Health Organization (WHO), osteoarthritis affects over 500 million people globally, with knee osteoarthritis being the most common variant[2]. In India, the prevalence is increasing rapidly due to changing lifestyles, sedentary habits, rising obesity, and aging populations. Studies indicate that nearly 22% to 39% of the Indian adult population over the age of 40 shows clinical signs of OA, with women being disproportionately affected[3]The severity of this condition is not merely confined to pain and discomfort but extends to significant impairment of mobility, quality of life, and psychological well-being. Chronic pain leads to reduced productivity and increased healthcare costs, both directly and indirectly. The limitations of current pharmacological treatments primarily NSAIDs and corticosteroids lie in their symptomatic action and potential adverse effects[4], necessitating safer, long-term, and holistic approaches. In this context, *Agnikarma* (therapeutic cauterization) emerges as a significant para-surgical modality in Ayurveda that offers localized, safe, and effective management of *Sandhigat Vata*[5] The technique involves controlled application of heat via specialized instruments as *Panchadhatu Shalaka*, leading to pain relief, reduction in stiffness, and improved circulation. Unlike oral medication, *Agnikarma* acts directly at the site of pathology with minimal systemic involvement. Given the high prevalence, chronicity, and socio-economic burden of osteoarthritis-like conditions, it becomes imperative to explore and document traditional therapies like *Agnikarma* through clinical evidence. There is a pressing need in the current era to validate and integrate such time-tested interventions for broader application, especially in resource-constrained settings where access to surgical or long-term pharmacological care may be limited. This case study aims to highlight the clinical effectiveness of *Agnikarma* therapy in the management of bilateral *Janusandhigat Vata*, supporting its relevance and potential as a mainstream therapeutic option.

Objective: To assess the effectiveness of *Agnikarma* using *Panchadhatu Shalaka* in a patient of *Janusandhigat Vata*.

Materials and Methods:

A 28-year-old female patient presented to the OPD of the Department of Panchakarma, Rani Dullaiya Smriti Ayurved PG Mahavidyalaya Evam Chikitsalaya, Bhopal, with chief complaints of pain, swelling, stiffness, and crepitus in both knee joints, more pronounced on the right side. The symptoms had persisted for the past 8 months and had progressively worsened. The patient reported difficulty in walking, squatting, and climbing stairs, with pain exacerbated by prolonged standing or movement. She had previously received symptomatic treatment with non-steroidal anti-inflammatory drugs (NSAIDs), which provided only temporary relief. There was no significant past medical history of hypertension, diabetes mellitus, pulmonary

tuberculosis, thyroid dysfunction, or bronchial asthma. She denied any known drug allergies and reported no relevant family history of similar joint disorders. On general examination, the patient was moderately built and nourished, conscious, alert, and oriented to time, place, and person. Vital signs were within normal limits: blood pressure was 118/76 mmHg, pulse rate 82 bpm, respiratory rate 18 per minute, and temperature 98.4°F. There were no signs of pallor, icterus, cyanosis, clubbing, lymphadenopathy, or pedal edema. Her gait was mildly antalgic due to pain in the knees. Appetite and digestion were moderately affected, and she reported occasional constipation, indicating *Vata* aggravation. Sleep was disturbed due to joint discomfort, especially at night. Psychological assessment revealed mild anxiety related to the chronicity of the symptoms.

Local examination:

On inspection, mild swelling (*Shotha*) was visible around the patellar region of both knees, more on the right. There was no visible redness or skin discoloration. The natural contour of the knees appeared slightly distorted due to periarticular swelling. No signs of muscle atrophy were observed. On palpation, the joints were warm to touch, indicating localized inflammation. Tenderness was elicited over the medial and lateral joint lines, patellar surface, and infrapatellar area. The classical Ayurvedic sign of **"***Vata-Poorna Driti Sparsha***"** a sensation resembling an air-filled bag, was appreciated, particularly on deep palpation, confirming *Vata* dominance. Crepitus was palpable during both passive and active movement, especially in flexion-extension maneuvers. The range of motion was moderately restricted in both knees. Flexion was limited to approximately 90°, and extension was painful beyond 20° from neutral. Pain during *Prasarana* **(**extension**)** and *Akunchana* **(**flexion**)** was recorded using the Visual Analog Scale (VAS), with pain intensity scoring 7/10 during movement and 5/10 at rest. There was no joint instability, but slight stiffness was observed in the morning and after rest, suggestive of degenerative changes. These clinical findings were consistent with *Janusandhigata Vata*, a condition analogous to early to moderate stage osteoarthritis of the knee joints. The chronicity of symptoms, functional impairment, and failure of conventional medical treatment supported the decision to initiate Agnikarma therapy in conjunction with Ayurvedic internal medications.

Treatment Protocol:

In this case of *Janusandhigata Vata*, a treatment protocol was planned with a focus on Agnikarma as the primary intervention along with selected internal medications. The goal was to pacify aggravated *Vata Dosha*, reduce *Shotha* (inflammation), relieve pain, restore joint mobility, and prevent further degeneration.

The treatment was carried out in three phases as per classical Ayurvedic methodology: *Purva Karma* (pre-procedure), *Pradhana Karma* (main procedure), and *Paschat Karma* (post-procedure) as shown in figure 1.

1. *Purva Karma*

- The procedure was explained to the patient, and informed consent was obtained.
- The local area (knee joints) was cleaned with sterile gauze.
- The patient was made to lie in a supine position with knees slightly flexed and supported by a pillow.

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a. Site Identification

b. Heated the Panchdhatu Shalaka

c. Agnikarma Procedure

d. Application of Aloe Vera post Agnikarma

Figure 1: Procedure of Agnikarma

2. *Pradhana Karma*

- The *Panchadhatu Shalaka* was heated over a flame until it became red hot.
- The red-hot tip of the *Shalaka* was then applied in multiple *Bindu* (dot-like) fashion over the most tender and painful areas of both knee joints.
- Each dot was applied quickly and precisely, with care taken to maintain adequate spacing (approx. 1–1.5 cm apart) to avoid tissue overlap or burns.
- Approximately 10–12 points were cauterized per knee joint, depending on the severity and area of involvement.
- The patient was instructed to breathe deeply and stay relaxed during the procedure.

Agnikarma provides controlled therapeutic thermal injury, which leads to protein coagulation, denervation of pain fibers, improved local circulation, and stimulation of tissue healing. It effectively pacifies *Vata Dosha*, reduces *Ama*, and relieves *Shoola* (pain).

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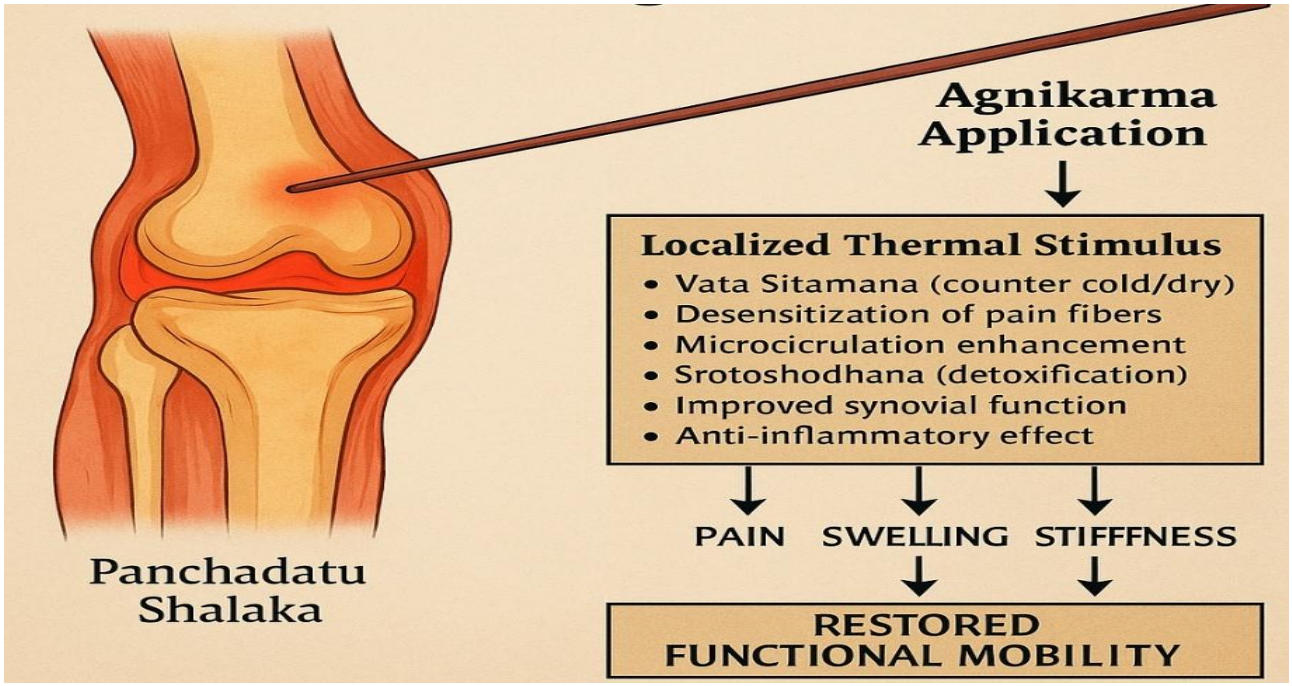

3. Paschat Karma (Post-procedure Stage)

- Immediately after the cauterization, the treated area was gently cooled with Shatadhauta Ghrita or Aloe vera pulp to alleviate burning sensation and promote healing.
- The area was then covered with a sterile dressing using dry gauze.
- The patient was advised to keep the site dry and avoid any pressure or friction on the affected area for 24 hours.
- The procedure was repeated once weekly for three consecutive weeks, depending on clinical response.

Internal Medication:

In addition to *Agnikarma*, the following Ayurvedic internal medicines were prescribed for systemic support:

1. ***Triphala Guggulu*** – 500 mg, 2 tablets twice daily
   - *Action:* Anti-inflammatory, detoxifying, reduces joint stiffness[6]
2. **Rasnadi Guggulu** – 500 mg, 2 tablets twice daily
   - *Action: Vata-Kapha Shamak*, relieves joint pain and swelling[7]
3. **Sahacharadi Kwatha** – 10 ml twice daily with lukewarm water
   - *Action:* Improves joint mobility, strengthens nerves and muscles, balances *Vata* [8]

Duration of Internal Medication: 30 days, with regular follow-up and assessment.

Ethical Consideration: Treatment was performed under institutional norms following classical Ayurvedic principles.

Results:

To evaluate the therapeutic efficacy of *Agnikarma* in the management of *Janusandhigat Vata*, both subjective and objective parameters were assessed at baseline and during follow-up visits. The treatment protocol was carried out over 21 days**,** with weekly *Agnikarma* sessions, and the assessments were done on Day 0 (before treatment)**,** Day 7**,** Day 14**,** and Day 21**.**

A. Parameters Used for Assessment:

S. No	Parameter	Type	Method/Tool Used
1	Pain intensity	Subjective	Visual Analog Scale (VAS, 0–10 scale)

2	Swelling (*Shotha*)	Objective	Measuring tape (in cm) around patella
3	Joint stiffness	Subjective	Patient-reported stiffness (0–3 scale)
4	Range of motion (Flexion/Extension)	Objective	Goniometer
5	Crepitus during movement	Clinical	Palpation and auscultation
6	Functional difficulty (daily tasks)	Functional	Patient-reported on 4-point scale

B. Scoring Criteria

1. ***Visual Analog Scale (VAS):***

- 0 = No pain
- 1–3 = Mild pain
- 4–6 = Moderate pain
- 7–10 = Severe pain

2. Swelling:

- 0 = No swelling
- 1 = Partial and Asymmetrical Swelling
- 2 = Pitting Swelling and Symmetrical
- 3 = Swelling with Tenderness

3. ***Joint Stiffness Scale (Morning or After Rest):***

- 0 = No stiffness
- 1 = Mild (resolves in 5 min)
- 2 = Moderate (5–15 min)
- 3 = Severe (persists >15 min)

4. ***Range of Motion (Knee Joint):***

- Normal: Flexion 0–130°, Extension 0°
- Limited: <100° flexion or >5° extension deficit

Day-wise Observations and Results

Parameter	**Day 0**	**Day 7**	**Day 14**	**Day 21**	**% Improvement**
VAS (Pain Score)	7/10	5/10	3/10	2/10	71.4%
Swelling	1	1	0	0	100 %
Joint Stiffness Score	3	2	1	0	100%
Flexion Range (degrees)	95°	105°	115°	125°	31.5%
Crepitus	Moderate	Mild	Mild	Trace	–
Functional Limitation	Moderate	Mild	Mild	None	Complete

Result:

Pain reduction was rapid and progressive, with over 70% improvement by Day 21, confirming *Agnikarma's* analgesic effect. Swelling reduced significantly from grade 1 to 0, to reflecting anti-inflammatory action of both local heat and internal medications. Joint stiffness, a classical sign of *Vata Vyadhi*, resolved completely by Day 21. Range of motion showed gradual improvement, restoring near-normal knee function by the end of treatment. Crepitus, a typical *Vata symptom*, decreased with each session and was barely noticeable after 3 weeks. Functional independence was regained; patient could walk, squat, and climb stairs with ease.

DISCUSSION:

Sandhigat Vata, classically explained as a *Vata Vyadhi*, exhibits feature like pain, swelling, crepitus, and restricted joint movements**,** primarily affecting weight-bearing joints. The Ayurvedic concept of *Vata-Purna Driti Sparsha* finds a modern correlate in crepitus and osteoarthritic stiffness**.** This degenerative condition is not only a major cause of disability worldwide but also imposes substantial socioeconomic burden. Despite advances in allopathic pharmacology, current management NSAIDs, intra-articular steroids, and surgical interventions remains symptom-oriented. These modalities are associated with side effects, dependency, and limited long-term

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benefit. Thus, attention is shifting toward safer, cost-effective, and function-restoring interventions, like *Agnikarma*.

Mode of Action of *Agnikarma*: *Agnikarma* works through a **multidimensional approach**, integrating physiological, neurochemical, and Dosha-based mechanisms as show in image 2.

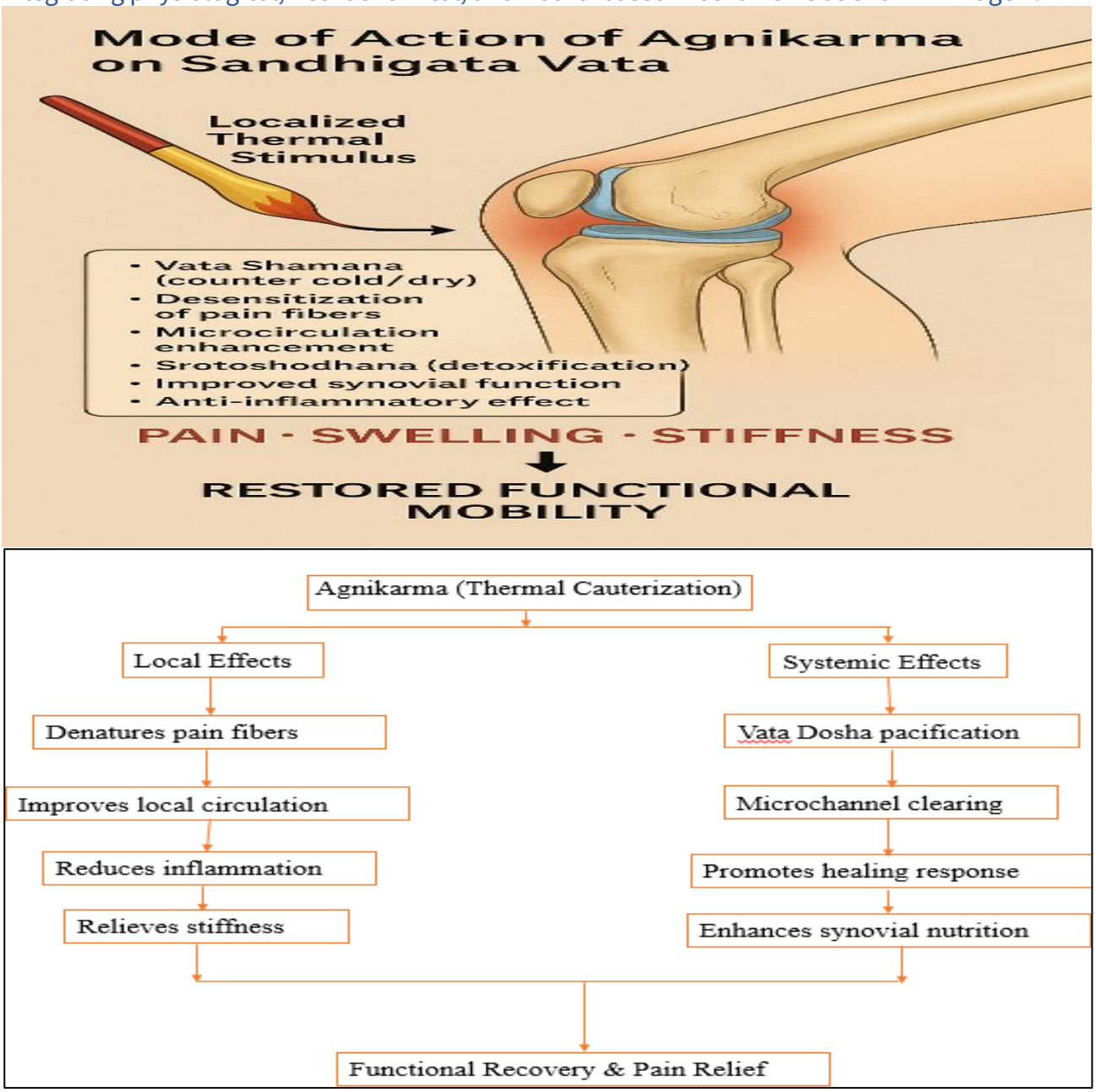

Image 2: Mode of action of *Agnikarma*

This mode aligns with modern concepts of thermotherapy, dry needling, and radiofrequency ablation, making *Agnikarma* a translatable tool across systems of medicine. Several clinical and observational studies have examined the effects of Agnikarma in *Sandhigat Vata*:

- **Sharma et al. (2016)** conducted a comparative study where patients treated with Agnikarma and Ayurvedic drugs showed an 86% reduction in VAS scores over 4 weeks[9]
- **Manisha et al. (2024)** in a randomized control trial (RCT) involving 61 patients reported significantly better outcomes with *Agnikarma* combined with internal medication (Panchatikta *Guggulu*)

compared to *Agnikarma* alone in managing knee osteoarthritis.[10]

- **Vats et al. (2025)** demonstrated that *Agnikarma* significantly reduces pain, improves joint function, and lowers inflammatory biomarkers in patients with knee osteoarthritis. It offers a safe, effective, and minimally invasive alternative to conventional therapies, making it a promising intervention for managing Janu *Sandhigata Vata* in both clinical and community healthcare settings.[11]
- *Agnikarma* using both *Rajata* and *Tamra Shalaka* is effective in managing Janu *Sandhigata Vata*. However, *Rajata Shalaka* showed superior results in symptom relief. Neither method significantly improved knee flexion or extension, indicating the need for adjunct therapies for complete functional restoration in osteoarthritic knee conditions.[12] The clinical significance of this case, along with existing evidence, highlights that *Agnikarma* is more than just a pain-relief technique. It acts as a potent para-surgical intervention with therapeutic effects that support both symptom management and the underlying degenerative pathology seen in *Sandhigat Vata*. One of the major advantages of *Agnikarma* is its ability to provide rapid and sustained pain relief without systemic involvement. Unlike NSAIDs or corticosteroids, which may cause adverse effects such as gastritis, renal compromise, or dependency, *Agnikarma* offers a safe alternative. The patient in this case reported marked pain relief within two sessions, and functional improvement continued over the three-week treatment period, reflecting its immediate and progressive benefits. In the context of the growing prevalence of osteoarthritis due to aging, sedentary lifestyles, and obesity, particularly in India, cost-effective and accessible therapies are urgently needed. *Agnikarma* is especially valuable in resource-limited settings, rural clinics, and government health centers where advanced interventions like surgery may not be feasible. Its affordability, non-invasive nature, and compatibility with traditional health practices make it highly suitable for integration into primary care systems. Furthermore, as global interest in evidence-based traditional medicine rises, *Agnikarma* offers a promising area for clinical research and innovation. While existing trials have demonstrated encouraging results, large-scale randomized controlled trials using standardized tools, such as MRI findings, inflammatory markers (CRP, ESR), and joint function scores are essential to elevate this therapy to mainstream musculoskeletal protocols.

CONCLUSION:

Janusandhigat Vata can be effectively managed with *Agnikarma* therapy. The intervention not only provides symptomatic relief but also addresses the underlying *Vata Dosha* imbalance. Integration with internal Ayurvedic medications further enhances clinical outcomes. This case supports the need for broader clinical trials on *Agnikarma* in degenerative joint conditions.

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Conflict of Interest

The authors declare no conflict of interest related to this study.

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