

Sodhananga Snehapana with Vasa in Sandhigatavata (Knee Osteoarthritis) : A Case Report

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ABSTRACT:

Osteoarthritis (OA) is the most prevalent form of arthritis, accounting for over 85% of arthritic cases. It is characterized by loss of cartilage, osteophyte formation, sclerotic changes, and reduced joint spaces as seen on radiographic evidence, leading to severe disability in advanced stages that affects daily activities. Long-term management is essential for desirable outcomes. Despite various pharmacological and non-pharmacological interventions, there is a need for more effective and economical treatment protocols. In Ayurveda, OA is described as *Sandhigatavata*. One effective procedure for OA is *Snehapana* (oral oleation therapy). This case study focuses on a 65-year-old male patient with severe bilateral knee pain that worsened with rest and severe crepitus upon knee movement. The patient underwent *sodhananga snehapana* with Mahisha Vasa (buffalo fat) for seven days, including adequate *poorvakarma* and *paschatkarma*. The WOMAC Osteoarthritis Index (pain) subscore decreased from 16 to 7 after treatment, and the Visual Analogue Scale (VAS) score reduced from 7 to 3. This case highlights a cost-effective and alternative option for managing osteoarthritis.

KEYWORDS: Ayurveda, *Mahisha Vasa*, Osteoarthritis, *Sandhigatavata*, *Snehapana*.

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INTRODUCTION:

Osteoarthritis, a common disabling degenerative disease, affects 35.7% of the population, including 23.1% of males. [1] It involves cartilage loss and bone changes such as subchondral bone sclerosis and osteophytes. Complications include

chondrolysis, osteonecrosis, bone cracks, joint infections, and tendon or ligament deterioration leading to loss of stability [2] Primary osteoarthritis is age-related, while secondary osteoarthritis stems from other conditions. Diagnosis uses X-rays, arthrocentesis, arthroscopy, and blood tests.

Treatment includes non-pharmacological methods, symptom-modifying drugs, and potentially surgery for persistent pain^[3] NSAIDs are the first-line therapy but must be chosen carefully due to potential side effects like cardiovascular, gastrointestinal and renal adverse events^[4] In India, knee replacement costs range from Rs 1.5 lakh to Rs 6 lakh, making Ayurvedic management a viable alternative.

Sandhigatavata, a type of *Vatavyadhi*, is treated using *Vatavyadhi Chikitsa* principles, including *snehana* (oleation), *svedana* (sudation), and *sodhana* (purification).^[5] An effective treatment for osteoarthritis (OA) is *Sodhananga snehapana* (oral oleation therapy) using *Chatusneha* (four types of fats): ghee, sesame oil, animal fat, and marrow, either singly or in combination. Medicated *ghee* and *taila* are common but costly,^[Table1] So *vasa* (animal fat), indicated in *Sandhiruja*^[6] specifically *mabisha vasa* (buffalo fat), is used for knee OA due to its affordability and effectiveness.

Snehana (internal oleation) is crucial before *Shodhana* (biopurification) as it mobilizes humors (*Dosha*) from peripheral to intestinal circulation, aided by *Snehana* and *Svedana*. Proper oleation is essential for successful bio purification, achieved by following guidelines to avoid insufficient or excessive use. The *Sneha* (fat) dose is gradually increased over up to 9 days, considering the patient's *Agni* (digestive power) and *Koshtha* (bowel nature), until ideal oleation signs are achieved.^[7]

CASE REPORT:

A 65-year-old male, employed as a labourer, presented with a four-year history of severe bilateral knee joint pain, predominantly on the right knee. The pain intensified during periods of rest at night, climbing stairs, performing namaz, and using Indian-style toilets. Physical examination revealed

pronounced crepitus during knee joint movement, particularly in the right knee. Tenderness was graded at level 3 for the right knee and level 2 for the left knee. The initial complaints began with mild pain in the right knee during work. X-rays of the knees exhibited degenerative changes, osteophytes, and reduced joint space, indicating a Kellgren-Lawrence scale grade 2. The patient was not currently under any medication and had no history of diabetes, hypertension, or hyperlipidemia. Assessments using the WOMAC Osteoarthritis Index (pain)^[8] yielded a total subscore of 16, while the Visual Analogue Scale (VAS)^[9] registered a pain intensity of 7.

During the general examination, his pulse was recorded at 74 bpm, weight at 60 kg, height at 168 cm, and blood pressure at 130/80 mmHg. He reported hard stools, unsatisfactory bowel habits, moderate appetite, and disrupted sleep due to pain. A tenfold examination^[10] of the patient suggested his *Prakriti* (body constitution) as the *Pitta Kapha* constitution. Further examination revealed symptoms of *Vikrita Vata* and *Kapha*, along with *Madhyama Sattva* (medium mental wellness). Physical assessments, including muscle tone, compactness (*Samhanana*), and proportion (*Pramana*), were found to be within normal limits. However, his muscle strength (*Vyayama shakti*) was assessed as subnormal through physical fitness exercises: *Madhyama abhyavaharana* and *Jaranashakti* (~middlemost food intake and digestive power). *Asthivaha* and *Majjavaha srotodushti* were observed (Vitiation in micro-channels related to muscular tissues) in this patient. His *Agni-bala* was *Madhyama* and *Koshtha* was *Krura*. The patient's dietary preferences included a non-vegetarian diet with a predilection for sour and pungent foods.

Diagnosis and assessments

Considering the site and nature of joint pain, age of onset and nature of work, he was diagnosed as having *Sandhigatavata* of the knee with *vata kapha* predominance. The *Rogi bala* was *Pravara*, *Vayah* was *Madhyama*, *Nidana* (consumption of causative factors) were of medium strength and *Vyaadbibala* was *Madhyama*, The Patient had a good prognosis and being from poor economic background, decided to be treated at the InPatient department and *sodhananga*

snehapana was planned with *Mabisha Vasa*. Interventions for *Pachana*, *Anulomana*, *Kaphashamana*, and, *Rookshana* were given through various internal medicine and external therapies. *Vasa* was prepared by boiling abdominal fat and meat obtained from the butcher shop. The melted fat was then strained and collected in a glass jar. It was prepared daily and given to the patient in the early morning, after the preparatory treatments. ⁽¹³⁾

Table 1: Price list of Chatussneha for comparison:

Sneha commonly used for Sandhigatavata	Market price	Approximate cost for 7 days of Snehapana (1.2 L)
Plain ghee (Milma, Agmark)	₹370/500 gm	₹888
<i>Guggulutikthaka ghrta</i> (Arya Vaidya Sala ,Kottakkal,GMP certified)	₹265/150 gm	₹2119
<i>Kethakeemooladi taila</i> (Vaidyaratnam Oushadha Sala, Thaikkattu Mooss, Thrissur,GMP certified)	₹190/200 ml	₹1140
<i>Vasa</i> (Goat, Indiamart, Kerala)	₹ 700/kg	₹840
<i>Vasa</i> (Buffalo, Indiamart,Kerala)	₹260/kg	₹312

Table 2: Timeline of the disease:

May 2018	Pain in Right Knee joint while climbing a hill, subsided with rest
Dec 2018	Pain and swelling in Rt Knee joint after heavy labour. Relieved with hot fomentation and pain balm application
July 2019	Bilateral Knee joint pain, which is continuous
Jan 2020	Took OP treatment for KJ pain (<i>Rasnerandadi Kashaya</i> 60 ml bd, <i>Yogarajaguggulu Gulika</i> 2bd, <i>Chinchadi taila</i> (external application)
Sept 2021	Admitted in Ayurveda College Hospital for better management

Table 3: Therapeutic interventions:

Date	Medicine & Dose/ Procedure	Therapeutic approach
16/09/21 to 22/09/21	<ul style="list-style-type: none"> <i>Chiruwilwadi Kashaya</i> 90ml bd ,6am and 6pm <i>Avipathi choorna</i> 5 gm with Kashaya morning <i>Vaiswanara choorna</i> 5gm was given at 11 am with warmwater 	<i>Pachana</i> , <i>Anulomana</i>

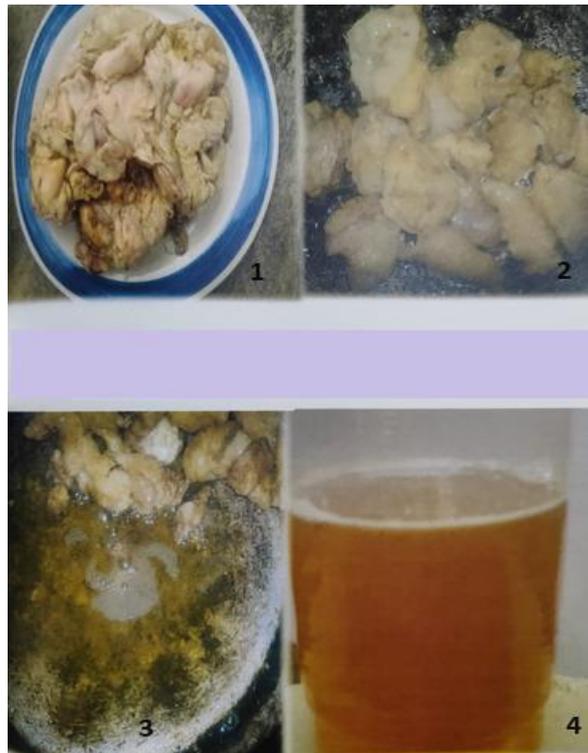
18/09/21 to 22/09/21	• <i>Choorna Pinda sweda (Rooksha)</i> with <i>Kolakulathadi choorna</i> for 5 days	<i>Rookshana</i> (external)
23/09/21 & 24/09/21	• <i>Takrapana</i> 2days (This involves drinking 2 -3 litres of <i>Takra</i> (buttermilk) mixed with <i>panchakola choorna</i> during mealtimes and also to quench thirst. Lunch was <i>takra</i> mixed <i>kanji</i> (rice porridge).	<i>Rookshana</i> (internal)
The status before <i>snehapana</i> : b/l knee joint pain present. Good appetite. Able to walk with pain. Pain present during flexion of the joint. <i>Agni deepthi</i> attained. all medications stopped.		
25/9/21 to 01/10/21	<i>Snehapana</i> with <i>Vasa</i> : details in Table 2 (. He was asked to take bath before taking <i>Sneha</i> and avoid bath after <i>snehapana</i> . Also asked to take <i>kanji</i> when he gets appetite. <i>Anupana</i> (after drink) for vasa was <i>mudga yoosha</i> , whenever he felt thirsty. advised not to sleep during daytime. Drink water after digestion of vasa to prevent dehydration and other infections.) Table 2	Internal <i>snehana</i> , <i>Doshotklesha</i>
02/10/21 to 04/10/21	<i>Abhyanga</i> and <i>Ooshma sweda (Chinchadi taila)</i>	<i>Dosha draveekarana</i>
05/10/21	<i>Virechana</i> with 30 gm <i>Avipathi choorna</i> & Honey(qs)	Elimination of <i>utklishta dosha</i> from <i>koshta</i>
6/10/21 to 09/10/21	<i>Choorna pinda sweda (snigdha)</i> with <i>Kolakulathadi choorna</i> and	<i>Dosha samana</i> and thereby <i>vyadhi samana</i>

Table 4: Details of *Vasa Snehapana* :

Date	Dose	Time of intake	Time of appetite	Status of bowel	Other remarks
25/09/21	30 ml	6 am	10 am	No motion	Nil
26/09/21	60 ml	6.10 am	11.30 am	Hard bowel	Nil
27/09/21	100ml	6.05 am	12 noon	Normal stools	Nil
28/09/21	130ml	6.00 am	1.30 pm	Normal stools 2 times	Mild abdominal pain
29/09/21	150ml	6.00 am	3.30pm	Loose bowel	Mild abdominal pain
30/09/21	200ml	6.05 am	5.00 pm	Loose bowel	Fatigue and abdominal pain. Relieved with peya.
01/10/21	220ml	6.05 am	7.00 pm	Loose bowel with <i>vasa</i>	Extreme fatigue. Nauseating feeling.oily skin

Table 5: Grading of scores:

Assessment Scales	Before Snehapana	After Snehapana
VAS	7	3
WOMAC Pain subscore	16/20	7/20

**Figure-1: Preparation of Mahisha Vasa****RESULTS:**

The patient was assessed based on the Visual Analog Scale (VAS) for pain and WOMAC score before and after treatment. After *Snehapana* with *Vasa*, the knee joint pain during flexion and other activities subsided remarkably. There was no tenderness in the knee joints. He was able to walk without any discomfort for more than 10 minutes. VAS score was 3 and the WOMAC subscore of pain was 7. He had slight discomfort while climbing stairs continuously for more than 5 minutes. The blood reports also indicated that the lipid profile was within normal limits following *Virechana* after *Vasa snehapana*.

DISCUSSION:

Knee osteoarthritis, a degenerative condition, causes *dhatusoshana* (dehydration) and *sandhisaitbilya* (loss of joint sturdiness). The joints, being the site of *sleshaka kapha*, and *vyana vata* help in limb mobility.^[11] When *kapha* decreases, *vata* increases, leading to degeneration. *Snehana* nourishes the tissues and preserves organ integrity.^[12] *Snehapana*, especially with targeted action, is effective if done scientifically.

Classical texts recommend *Vasa* for joint pain, but it is rarely used due to its cost, with ghee and oil being more common. Goat's *vasa* is ideal but expensive. *Snehapana* follows initial *rookshana*, using external *Choorna pinda*

sweda to reduce swelling and muscle spasms. *Takrapana* (buttermilk intake) is an excellent internal *rookshana*, aiding the assimilation of *Sneha*.

Among the *chatusneha*, *Vasa* is particularly effective for joint pain, with *mahisha vasa* being more affordable. Though heavy to digest, *Vasa* was consumed in the same dose as other *snehas* for seven days. *Manda* (rice water) aided digestion. After achieving proper lubrication signs, *abhyanga* with *Chinchadi taila* and *ooshma sweda* was done to manage *kapha* increase and mobilize *doshas*.

On the fourth day, *Virechana* with *Avipathi choorna* removed the *doshas*, followed by a three-day *peyadi krama*. Post-treatment assessment showed significant improvement in knee pain, as evidenced by VAS and WOMAC scores, with lipid profiles remaining normal. [Table 5] However, the use of animal fat, especially buffalo, may deter some patients. Goat's fat can be an alternative for those willing to use it.

CONCLUSION:

Knee joint pain is a common degenerative disorder affecting individuals over 50, and timely treatment is essential to prevent further joint degeneration and disability in old age. *Ayurveda* offers effective treatment options for osteoarthritis (OA), including *Sodhananga Snehapana* with *Mahisha Vasa* (buffalo fat). This treatment is both affordable and effective in managing OA, involving the internal administration of medicated fats to lubricate joints, reduce pain, and improve mobility. Further research into using medicated *vasa* for *Snehapana* and external applications could enhance our understanding and utilization of this approach, offering a valuable addition to OA management and improving the quality of life for those affected.

Limitation of study:

Intake of *Mahisha vasa* is limited to patients following mixed diet and willing to take the same.

Patient's perspective

The Patient was satisfied with the provided treatment.

Informed consent

Informed written consent for the publication of this case study has been obtained from the patient without disclosing his personal identity.

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REFERENCES:

1. Bhaskar A, Ajith R. Study on the Prevalence of Osteoarthritis in women above age 40 in a rural area of Kottayam District, Kerala, Nepal Journal of Epidemiology 2014;4(2):3:-234-239.
2. Peter EL. Rheumatoid arthritis, and David TF: Osteoarthritis. Harrison's Principles of Internal Medicine.16th Ed. New York: McGraw Hill., 2005;2:2083 - 2158.
3. A Mahajan, S Verma, V Tandon, Osteoarthritis,Journal of the Association of Physicians of India, 2005; 53:,634-41
4. Magni A, Agostoni P, Bonezzi C, Massazza G, Menè P, Savarino V, Fornasari D. Management of

- Osteoarthritis: Expert Opinion on NSAIDs. *Pain Ther.* 2021;10(2):783-808.
5. Paradakara vaidya, Ashtanga Hridaya, Sarvangasundara and Ayurvedarasayana commentery. Chikitsa sthaan 21/3, 9th edition, Chaukhamba Orientalia, Varanasi. 2009; p.722.
 6. Paradakara vaidya, Ashtanga Hridaya Sarvangasundara and Ayurvedarasayana commentary, Suthra sthaana,16/11, 9th edition, Chaukhamba Orientalia, Varanasi; 2009;, p.245
 7. Paradakara vaidya, Ashtanga Hridaya Sarvangasundara and Ayurvedarasayana commentary, Suthra sthaan 16/16-19,9th edition,Chaukhamba orientalia, Varanasi; 2009;, p.245.
 8. https://www.physio-pedia.com/WOMAC_Osteoarthritis_In_dex [last accessed on Jan 22,2024]
 9. Haefeli M, Elfering A. Pain assessment. *Eur Spine J.* 2006 Jan;15 Suppl 1(Suppl 1): S17-24.
 10. Prof. P V Sharma, Charaka Samhita, Ayurveda Dipika commentary, Nidana sthaan 8/16,9th edition, Chaukhambha orientalia Varanasi, 2008; p.227
 11. K P Sreekumari Amma, Ashtanga Sangraha, Sasilekha commentary, Sutrasthana 20/4,1st Edition, Publication Division Ayurveda College, Trivandrum, 1982.,P -277.12.
 12. Paradakara vaidya, Ashtanga Hridaya =Sarvangasundara and Ayurvedarasayana Commentary, Suthra sthaan 16/46, 9th edition, Chaukhamba orientalia, Varanasi; 2009; p.253.