

Clinical Efficacy of Laxadi Taila Janubasti in the Management of Janusandhigata Vata (Knee Osteoarthritis): A Case Report

Journal of AYUSH: Ayurveda, Yoga, Unani, Siddha and Homeopathy

ISSN: 2278-2214 (Online)

ISSN: 2321-6484 (Print)

Volume 15, Issue 2, 2026

Article Type- Case Report

Article Received date: 12/06/2026

Article Accepted date 15/06/2026

Madhavi Seetha, Associate Professor & Head, Department of Panchakarma, MSM Institute of Ayurveda, Bhagat Phool Singh Mahila Vishwavidyalaya (BPSMV), Khanpur Kalan, Sonipat, Haryana, India

seethamadhavi85@yahoo.com

Abstract

Background: Janusandhigata Vata, described under Sandhigata Vata in Ayurvedic classics, characterized by pain, swelling, crepitus, stiffness, and restricted movement of the knee joint. Clinically, it resembles Knee Osteoarthritis (OA), a common degenerative Musculoskeletal disorder affecting the quality of life of elderly individuals. Janubasti is a localized oleation therapy widely employed for managing degenerative knee disorders. Laxadi Taila possesses Vatahara, Balya, and Asthi-Sandhana properties that may help restore joint function and alleviate symptoms. **Objective:** To evaluate the clinical efficacy of Laxadi Taila Janubasti in the management of Janusandhigata Vata (Knee Osteoarthritis). **Materials and Methods:** A 56-year-old female patient presented with chronic pain, stiffness, difficulty in walking, crepitus, and restricted movement of the right knee joint for two years. Clinical and Radiological findings confirmed primary knee osteoarthritis (Kellgren-Lawrence Grade II). The patient underwent Laxadi Taila Janubasti for 21 consecutive days. Clinical assessment was performed before and after treatment using pain score, stiffness grading, tenderness, range of motion, and the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) **Results:** Marked improvement was observed following treatment. Pain score

reduced from 8 to 3 (62.5%), stiffness reduced from grade 3 to grade 1 (66.7%), and difficulty in walking improved by 66.7%. The WOMAC score improved from 58 to 26, showing an improvement of 55.17%. Knee flexion improved from 100° to 125°, while knee extension improved from -10° to 0°. No adverse events were reported during treatment or follow-up. **Conclusion:** Laxadi Taila Janubasti demonstrated promising therapeutic benefits in reducing pain, improving joint mobility, and enhancing functional capacity in Janusandhigata Vata (Knee Osteoarthritis). Further controlled clinical studies are recommended to establish its efficacy.

Keywords: Janusandhigata Vata, Knee Osteoarthritis, Janubasti, Laxadi Taila, Ayurveda

Introduction

Osteoarthritis is the most prevalent degenerative joint disorder and one of the leading causes of disability among older adults worldwide [1,2]. The Knee joint is commonly affected due to Age-related degeneration, Biomechanical stress, Obesity, and Metabolic factors. Conventional management focuses primarily on symptomatic relief through Analgesics, Physiotherapy, Lifestyle modifications, and Surgical intervention in advanced stages[3].

In Ayurveda, the Clinical manifestations of Knee Osteoarthritis closely resemble Janusandhigata Vata, a subtype of Sandhigata Vata resulting from aggravated Vata Dosha localized in the Knee joint. Classical symptoms include Sandhi Shoola (joint pain), Sandhi Shotha (swelling), Atopa (crepitus), and Akunchana-Prasarana Vedana (pain during flexion and extension) [1,4].

Janubasti is a Bahya Snehana procedure involving retention of warm medicated oil over the affected knee joint for a specified duration [5,6]. The procedure provides localized Oleation and mild Sudation effects, thereby helping alleviate Vata Dosha and nourish periarticular structures. Laxadi Taila ingredients traditionally indicated for Asthi Dhatu nourishment, tissue repair, and strengthening of joints [4,7]. Therefore, the present case report was undertaken to evaluate the Clinical efficacy of Laxadi Taila Janubasti in a patient suffering from Janusandhigata Vata.

Case Presentation

A 56-year-old female patient attended the Panchakarma Outpatient Department with complaints of pain in the right Knee joint for two years. The pain was associated with

stiffness, difficulty in walking and climbing stairs, and crepitus during movement. The symptoms gradually progressed and interfered with routine daily activities.

Understanding the demographic profile of the patient is a crucial aspect of clinical evaluation in degenerative joint disorders. Epidemiological studies consistently indicate that primary Knee Osteoarthritis predominantly affects the Geriatric population, with a significantly higher prevalence rate observed among females in the post-menopausal phase. The gradual decline in estrogen levels, coupled with age-related sarcopenia, structural joint laxity, and cumulative mechanical stress, greatly predisposes females to early cartilage degradation [8]. Furthermore, the occupational background of the patient, such as being a homemaker involving prolonged periods of standing and squatting, heavily contributes to the continuous biomechanical loading of the tibiofemoral compartments. Recording the exact duration of the illness provides valuable insight into the chronicity of Janusandhigata Vata. The detailed demographic parameters recorded for this case are systematically summarized below (Table 1).

Table 1. Demographic Profile

Parameter	Details
Age	56 Years
Gender	Female
Occupation	Homemaker
Duration of Illness	2 Years

Chief Complaints

- Pain in the right Knee joint for 2 years.
- Morning Stiffness.
- Difficulty in walking and climbing stairs.
- Crepitus during Knee movements.

Past Medical History

- No history of Diabetes Mellitus.
- No history of Rheumatoid Arthritis.
- No major Trauma.
- No significant Systemic illness.

Clinical Findings

A comprehensive general physical examination serves as the foundational step in the clinical evaluation of any patient presenting with Musculoskeletal complaints. This systemic assessment is vital for establishing baseline vital signs, evaluating overall Physiological status, and systematically ruling out any underlying systemic anomalies or secondary inflammatory arthropathies that might masquerade as Primary Osteoarthritis. In the context of Janusandhigata Vata, evaluating the Body Mass Index (BMI) holds paramount importance. The knee is a major weight-bearing joint, and excessive body weight exponentially increases the mechanical stress placed across the articular cartilage, accelerating structural degeneration and exacerbating pain [9]. The carefully documented general examination parameters, establishing the patient's baseline systemic health prior to the initiation of Panchakarma therapy, are outlined in the following table (Table 2).

Table 2. General Examination

Parameter	Observation
Pulse	78/min
Blood Pressure	128/82 mmHg
Temperature	Afebrile
BMI	27.4 kg/m ²

The localized clinical examination of the affected joint provides direct, tangible evidence regarding the severity of structural and functional impairment. In cases of Janusandhigata Vata, a meticulous physical assessment of the knee joint encompasses the thorough evaluation of subjective pain intensity, localized palpatory tenderness, the presence of palpable or audible crepitus during active and passive movements, and the degree of periarticular swelling. Crepitus, in particular, is a hallmark clinical sign indicating the loss of smooth articular cartilage and the resulting bone-on-bone friction within the joint capsule. Evaluating the active and passive range of motion identifies mechanical blocks and capsular contractures. Documenting these specific localized clinical parameters before initiating the

therapeutic regimen is essential for establishing a clear comparative baseline. The initial local examination findings are detailed below (Table 3).

Table 3. Local Examination Before Treatment

Clinical Parameter	Findings
Pain	Severe
Tenderness	Present
Crepitus	Present
Swelling	Mild
Range of Motion	Restricted

Investigations

1. Radiological Findings

X-ray examination of the Right Knee joint revealed reduced joint space and Osteophyte formation consistent with Kellgren-Lawrence Grade II Osteoarthritis [2].

2. Diagnostic Assessment

Ayurvedic Diagnosis: Janusandhigata Vata

Modern Diagnosis: Primary Knee Osteoarthritis (Kellgren-Lawrence Grade II)

Therapeutic Intervention

Procedure

Janubasti with Laxadi Taila

Materials Required

- Laxadi Taila
- Black gram flour dough (Masha Pishti)
- Sterile gauze
- Heating apparatus

Methodology

1. The patient was placed comfortably in a Supine position.
2. A circular wall was prepared around the Knee joint using black gram dough.
3. Warmed Laxadi Taila was poured into the compartment.

4. The temperature of the oil was maintained throughout the procedure.
5. The oil was retained for approximately 40 minutes.
6. Gentle massage was performed after completion.
7. The procedure was administered once daily for 21 consecutive days.

Outcome Measures

To quantitatively and qualitatively assess the clinical efficacy of the Laxadi Taila Janubasti intervention, specific symptomatic parameters were meticulously evaluated using standardized clinical grading scales before and immediately after the completion of the therapy. The primary symptom, pain, was measured using the widely validated Visual Analog Scale (VAS), a robust psychometric response scale that allows patients to visually represent their subjective pain intensity on a continuum [10]. Additionally, other cardinal manifestations of Janusandhigata Vata, including early morning stiffness, overall difficulty in weight-bearing activities, and the presence of crepitus, were graded on an ordinal categorical scale based on their functional impact. Comparing these scores provides an objective measure of symptomatic relief and highlights the localized Vata-pacifying effects. The data reflecting symptomatic improvements are tabulated below (Table 4).

Table 4. Symptomatic Improvement

Symptom	Before	After	Improvement (%)
Pain	8	3	62.5%
Stiffness	3	1	66.7%
Difficulty in Walking	3	1	66.7%
Crepitus	2	1	50.0%

In addition to individual symptomatic assessments, a holistic evaluation of the patient's localized physical disability and joint-specific quality of life was conducted utilizing the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC). The WOMAC is a highly reliable, disease-specific self-administered health status questionnaire designed to comprehensively evaluate the condition of patients with Osteoarthritis of the Knee [5]. The index consists of specific questions categorized into three distinct subscales: pain intensity, severity of joint stiffness, and the degree of physical functional limitation encountered while

performing activities of daily living. A reduction in the total aggregated WOMAC score fundamentally represents a clinically significant decrease in disease severity and an overarching improvement in the patient's functional independence. The comparative WOMAC score assessments are presented herein (Table 5).

Table 5. WOMAC Score Assessment

Assessment	Score
Before Treatment	58
After Treatment	26
Improvement	55.17%

Restoration of joint biomechanics and functional mobility is a primary therapeutic goal in the management of Janusandhigata Vata. To objectively quantify this, the active Range of Motion (ROM) of the affected knee joint was precisely measured using a standard universal clinical goniometer [11]. In advanced knee osteoarthritis, capsular fibrosis, severe muscle spasms, and debilitating pain often lead to a significant restriction in maximum flexion and an inability to achieve full terminal extension. Tracking the exact degrees of maximum active flexion and extension before and after the Janubasti regimen provides irrefutable, objective biomechanical evidence regarding the therapeutic efficacy of the localized oleation and sudation in relaxing periarticular musculature and restoring the natural kinematic arc. The goniometric measurements recorded are compiled below (Table 6).

Table 6. Range of Motion Assessment

Parameter	Before	After
Knee Flexion	100°	125°
Knee Extension	-10°	0°

Follow-Up and Outcomes

The patient was followed for one month after completion of therapy. Symptomatic improvement was maintained throughout the follow-up period without recurrence of Severe Pain. No adverse events or complications were observed during treatment or follow-up.

Discussion

Janusandhigata Vata is characterized by degeneration of Sandhi and Asthi structures due to aggravation of Vata Dosha [1]. The resulting manifestations include Pain, Stiffness, Crepitus, Swelling, and Restricted Movement of the affected joint.

Janubasti provides localized Snehana and mild Swedana, thereby counteracting the Ruksha and Khara qualities of aggravated Vata Dosha [3]. Continuous retention of warm medicated oil over the knee joint may improve local circulation, reduce muscle spasm, facilitate relaxation of periarticular tissues, and improve joint mobility.

Laxadi Taila contains ingredients traditionally indicated for Asthi Dhatu Nourishment and Tissue Repair [4]. The therapeutic action of the medicated oil, combined with the localized effect of Janubasti, may contribute to Pain relief, reduction of Stiffness, and enhancement of Functional capacity. The substantial improvement observed in Pain Score, WOMAC Score [5], and Range of Motion in this patient indicates a favorable therapeutic response.

The intervention was safe, well tolerated, and associated with sustained Symptomatic improvement during follow-up [6].

Patient Perspective

The patient reported substantial relief in Knee Pain and Stiffness following completion of therapy. Daily activities such as Walking, Climbing Stairs, and Squatting became considerably easier, resulting in improved quality of life and overall satisfaction with the treatment.

Conclusion

The present case report demonstrated that Laxadi Taila Janubasti may be an effective and safe therapeutic modality in the management of Janusandhigata Vata (Knee Osteoarthritis). Significant improvement was observed in Pain, Stiffness, Functional Mobility, WOMAC Score, and Range of Motion. Although encouraging, these findings should be interpreted cautiously due to the inherent limitations of a single-Case Report. Larger randomized controlled clinical studies are warranted to establish definitive efficacy and broader clinical applicability.

Declarations

Informed Consent: Written informed consent was obtained from the patient for treatment, maintaining confidentiality and anonymity.

Conflict of Interest: The author declares no conflict of interest.

Funding: No external funding was received for this study.

References

1. Agnivesha. Charaka Samhita. Chikitsa Sthana, Vatavyadhi Chikitsa Adhyaya 28/37. Varanasi: Chaukhambha Orientalia; 2011. p. 616.
2. Hunter DJ, Bierma-Zeinstra S. Osteoarthritis. Lancet. 2019;393(10182):1745-1759.
3. Vagbhata. Ashtanga Hridaya. Sutra Sthana, Snehakarma Adhyaya 16/1-3. Varanasi: Chaukhambha Sanskrit Sansthan; 2010. p. 235.
4. Das G. Bhaishajya Ratnavali. Vatavyadhi Chikitsa Adhyaya 26/365-368. Varanasi: Chaukhambha Sanskrit Bhawan; 2009. p. 542.
5. Bellamy N, Buchanan WW, Goldsmith CH, Campbell J, Stitt LW. Validation study of WOMAC: a health status instrument for measuring clinically important patient relevant outcomes to antirheumatic drug therapy in patients with osteoarthritis of the hip or knee. J Rheumatol. 1988;15(12):1833-1840.
6. Chopra A, Saluja M, Tillu G. Ayurveda-modern medicine interface: A critical appraisal of studies of Ayurvedic medicines to treat osteoarthritis and rheumatoid arthritis. J Ayurveda Integr Med. 2010;1(3):190-198.
7. Sushruta. Sushruta Samhita. Nidana Sthana, Vata Vyadhi Nidana Adhyaya 1/28. Varanasi: Chaukhambha Sanskrit Series; 2012. p. 258.
8. Srikanth VK, Fryer JL, Zhai G, Winzenberg TM, Hosmer D, Jones G. A meta-analysis of sex differences prevalence, incidence and severity of osteoarthritis. Osteoarthritis Cartilage. 2005;13(10):769-781.
9. Zheng H, Chen C. Body mass index and risk of knee osteoarthritis: systematic review and meta-analysis of prospective studies. BMJ Open. 2015;5(12):e007568.

10. Hawker GA, Mian S, Kendzerska T, French M. Measures of adult pain: Visual Analog Scale for Pain (VAS Pain), Numeric Rating Scale for Pain (NRS Pain), McGill Pain Questionnaire (MPQ), Short-Form McGill Pain Questionnaire (SF-MPQ), Chronic Pain Grade Scale (CPGS), Short Form-36 Bodily Pain Scale (SF-36 BPS), and Measure of Intermittent and Constant Osteoarthritis Pain (ICOAP). *Arthritis Care Res (Hoboken)*. 2011;63 Suppl 11:S240-S252.

11. Norkin CC, White DJ. *Measurement of Joint Motion: A Guide to Goniometry*. 4th ed. Philadelphia, PA: FA Davis Company; 2009. p. 132-135.