



REVIVING MOBILITY: PANCHAKARMA APPROACH IN MENISCAL TEAR- A CASE REPORT

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ABSTRACT

Knee is the largest weight-bearing compound synovial joint, important for activities like sitting, walking, and running. Knee injuries significantly impact the quality of life regardless of age, gender, or occupation. A 41-year-old female experienced left knee trauma resulted in acute pain, swelling and tenderness. Grade III medial meniscus tear of left knee (MRI). Godhuma Upanaha, Sthanik Parisheka with Ashwagandha Balalakshadi Taila and Murivenna Taila, Janu Basti with Murchita Tila taila and Nirgundi Taila, Erandmoola Niruha Basti, and Anuvasana Basti with Guggulu Tikthaka Ghrita in a Yoga Basti schedule. Left knee pain reduced from VAS 5 to 0 along with improved Range of movements and MRI report showed normal Medial Meniscus. This case report highlights the efficacy of Panchakarma therapies by addressing doshic imbalances, reducing inflammation, and supporting tissue repair, thus providing comprehensive relief and complete recovery for grade III meniscus tears.

Keywords: Janu sandhi, Medial Meniscal tear, Niruha basti, Knee MRI

INTRODUCTION:

The knee joint, known as Jānu sandhi, is a Vaikalyakara marma [1], meaning injury can lead to permanent incapacity, and a Sandhi marma, a crucial point in the lower limb. Acharya Sushruta classifies it as a sandhi marma [2], located at the junction of the leg (jangha) and thigh (uru). Damage here can cause lifelong weakness and lameness [3], categorized as bhagna, including sandhimukta and Kanda bhagna [4]. The knee, a primary weight-bearing joint [5], is prone to instability and injury due to its anatomical structure and functional demands. Stability is maintained by ligaments, tendons, and muscles. Currently, surgical interventions are the main treatment for joint trauma, with some experimental cartilage engineering approaches still in development [6]. Despite extensive studies on knee osteoarthritis, research on Ayurvedic management of acute knee injuries like meniscal or ACL tears is limited. This report presents scope of Panchakarma in the management of Grade III meniscal tear.

Case Report: A 41-year-old female teacher visited the Panchakarma outpatient department of KLE BMK Ayurveda Hospital on 1st June 2022. The patient presented with pain and swelling in her left knee joint and occasional instability and past history of left knee injury three years ago

resulted in Grade III medial meniscus tear noted on MRI with symptoms of swelling, pain, and difficulty walking. She declined surgery and opted for physiotherapy, which provided no significant relief.

Relevant past interventions with outcome

Jan 2018- First sitting of Physiotherapy. 7 days of ultra sound and immobilization by knee cap. Outcome – Pain reduced by 10%
February 2018- second sitting of ultra sound and continued immobilization. Outcome- Pain reduced by 10%

After 15 days pain and difficulty in walking relapsed, so discontinued treatment.

Regularly patient was using Knee cap and NSAID Combiflame 500mg SOS for 3 years.

Clinical Findings

Physical Examination of Left Knee:

- Inspection: Swelling ++
- Palpation: Warmth ++
Tenderness- Grade 2
VAS scale - 5
- Range of Movement: Flexion possible at 60°
- Tests: McMurray's test was positive.

Diagnostic Assessment

Imaging: MRI of the left knee joint (29/12/2018) showed a vertical hyper intensity in the posterior horn of the medial meniscus, suggestive of a Grade III tear with changes of osteoarthritis.

Date	Interventions adopted
2 nd June -8 th June 2022	<ol style="list-style-type: none"> 1. Godhuma Upnaha Godhuma powder: 50gm, Rasna choorna: 10gm, Asthishrinkhala powder: 20gm, Haridra choorna: 4gm, Punarnava choorna: 4gm, Saindhava: 3gm, Kanji: 20ml, Dhanwantara Taila: 20ml 2. Sthanik Parisheka with Ashwagandha Balalakshadi Taila and Murivenna Taila 3. Janu Basti with Murchita Tila Taila and Nirgundi Taila
9 th June – 8 th July 2022	<ol style="list-style-type: none"> 1. 15 mL of Panchatikta kashaya twice a day before food with lukewarm water 2. 2 capsules (600 mg) of Gandha taila twice a day before food with milk 3. 500 mg of Kaishora guggulu tablet thrice a day after food with lukewarm water
15 th July – 24 th July 2022	<ol style="list-style-type: none"> 1. Sthanik Parisheka with Ashwagandha Balalakshadi Taila and Murivenna Taila 2. Janu Basti with Murchita Tila Taila and Ashwagandha Balalakshadi Taila
10 th August – 10 th September 2022	<ol style="list-style-type: none"> 1. 2 capsules (600 mg) of Gandha taila Once a day before food with milk 2. 15 mL of Panchatikta kashaya twice a day before food with lukewarm water
14 th September -21 st September 2022	<ol style="list-style-type: none"> 1. Godhuma Upnaha 2. Sthanik Parisheka with Ashwagandha Balalakshadi Taila and Murivenna Taila 3. Janu Basti with Murchit Tila Taila and Nirgundi Taila 4. Erandmoola Niruha Basti: Yoga Basti (3 Niruha,5 Anuvasana) Honey: 60ml Saindhav lavana: 5gm Murchit Tila Taila - 60ml Kalka:Yashtimadhu choorana - 5gm, Rasna choorana - 5gm, Vaishwanara choorana - 5gm, Shatapushpa chooran - 5gm (Total: 20gm) Kashaya: Triphala Kwatha Chooran - 15gm, Asanadi Kwatha Chooran - 15gm, Balamoola Chooran - 15gm (Total Quantity: 250ml) Anuvasana Basti with Guggulu Tiktaka Ghrita

Assessment Parameters	Before Treatment (1 st Sitting)	After 1 st Sitting	Follow-up after 30 Days	After (2 nd Sitting)	Follow-up after 30 Days	After Treatment
Pain	VAS-6	VAS-2	VAS-2	VAS-0	VAS-0	VAS-0
Difficulty in walking	Present	Absent	Mild Discomfort	Absent	Absent	Absent
Restricted movement of left knee	Left Knee Flexion - 60°	Left Knee Flexion - 100°	Left Knee Flexion - 90°	Left Knee Flexion - 110°	Left Knee Flexion - 110°	Left Knee Flexion - 110°
Tenderness over left knee	Grade 2	Grade 0	Grade 1	Grade 0	Grade 0	Grade 0
McMurray's test	Positive	Negative	Negative	Negative	Negative	Negative
MRI Left Knee Joint	MRI of the left knee joint - A vertical hyper intensity in the posterior horn of the medial meniscus, suggestive of a Grade III tear with changes of osteoarthritis. Dated 29/12/2018	-	-	-	-	MRI of left knee joint- Normal Medial Menisci reveal normal hypo intensity. Dated 23/09/2022

DISCUSSION

Knee joint injuries can be associated with sandhimōksha, a type of bhagna (fracture),

thus bhagna chikitsā can be applied for treatment. Initially, inflammation occurs as a protective response [4]. Uncontrolled

inflammation can lead to post-traumatic stiffness, so it must be carefully managed for optimal functional recovery. Acharya Charaka describes Sandhigata Vata, characterized by shotha (swelling) and shula (pain) during movement [7]. Sushruta explains that Sandhivata involves joint disorganization, leading to severe disability. In this case, the patient's pain, swelling, and restricted movement after injury were diagnosed as Agantuja sandhi vata and treated accordingly. Godhuma Upanaha Sweda, a type of Swedana (sudation), induces hyperthermia to improve local blood and lymphatic circulation, enhance tissue metabolism, reduce inflammation, and relax muscles, thus alleviating pain and increasing transdermal drug delivery. The drugs used often contain alkaloids, which inhibit prostaglandins to reduce inflammation, and flavonoids, which have antioxidant effects. The lipoidal bond formed by taila (oil) in Upanaha aids in drug molecule penetration through the skin. Parisheka represents the rhythmic and systematic pouring of medicaments over specific body parts or the entire body surface for a stipulated time. In case of knee ligament injuries, taila dhara (pouring of medicated oils) is appropriate where inflammatory signs are minimal, i.e., in a degenerative phase. Janu Basti, a Sneha poorvaka Swedana, enhances local circulation and metabolism, facilitating the

transfer of medicaments and nutrients to the knee while eliminating vitiated dosha and mala through the skin. Improved blood circulation helps the knee regain normal functional capacity. Basti Karma (enema) is considered the Ardha chikitsa (half the treatment) of all diseases. The process of Basti therapy involves absorption of the drug into the microcirculation of the gut, through the rectal mucosa and hemorrhoidal veins, leading to quicker systemic effects. Basti, especially niruha basti (decoction enema), is beneficial in controlling Vata disorders. Erandamoola has anti-inflammatory, analgesic, and laxative properties, while other components of the decoction have properties that support tissue regeneration, reduce inflammation, and pacify Vata dosha.

CONCLUSION

The patient experienced significant relief from pain, swelling, and restricted movement after undergoing Ayurveda treatments, including Upnaha Sweda, Parisheka, Janu Basti, and Basti therapy. This case highlights the efficacy of panchakarma therapies in the management of Grade III meniscal tears by addressing doshic imbalances, reducing inflammation, and supporting tissue repair, thus providing comprehensive relief and facilitating long-term recovery.

Patient Perspective

The patient reported high satisfaction with the Ayurvedic treatment, noting significant pain relief and improved mobility. She was able to return to her daily activities without discomfort.

Declaration of patient consent:

The authors certify that they have obtained all appropriate patient consent forms. In the consent form, patient have given consent for images and other clinical information to be reported in the journal for the betterment of mankind. The patient understand that their name and initials will not be published and due efforts will be made to conceal their identity.

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Conflicts of interest:

The authors have no conflicts of interest.

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