



AYURVEDIC MANAGEMENT OF KROSHTUKA SHEERSHAKA - A CASE REPORT

¹Dr Divya V G, ²Dr Shehanas Shukoor, ³Dr Sheela S

¹Final year PG Scholar, ²Final year PG Scholar, ³Professor and HOD

¹Department of Swasthavritta, Govt. Ayurveda College Thiruvananthapuram, Kerala

ABSTRACT

Kroshtuka sheershaka is classified under *Vatavyadhi* in Ayurvedic literature and is marked by knee joint enlargement resembling the head of a jackal, along with pain, rigidity, and limited joint movements. Clinically, it can be compared to degenerative disorders of the knee such as osteoarthritis of the knee. This case report describes the Ayurvedic management of *Kroshtuka sheershaka* in a 52-year-old female patient who presented with long-standing knee joint pain, swelling, crepitus, and restricted movements for 3 years and aggravated in the last 2 months. Diagnosis was made based on classical descriptions and detailed clinical evaluation. The treatment approach comprised *sodhana* and *samana* therapies including, *Dhanyamla Dhara*, *Dasamoola dhanyamladhara*, *Abhyanga*, *guloochyadi ksheera dhara*, *Jambeera pinda swedam*, *Patra potala swedam* along with local applications and murivena bandage, internal medications included *Rasna erandadi kashayam*, *Kaisora guggulu*, *Punarnavadi kashayam*, *Dasamoola hareethaki lehyam*, *Gandharva erandam*, *Guggulu tiktakam ghritam*, *Avipathi choornam*. Clinical outcomes were assessed using subjective parameters like pain, stiffness, and swelling, as well as objective measures such as joint mobility and functional performance. Marked improvement was noted in symptoms and functional status, with no adverse effects observed. This report suggests that Ayurvedic interventions may offer effective management for *Kroshtuka sheershaka* and related degenerative knee conditions.

Keywords: *Kroshtuka sheershaka*, *Vatavyadhi*, Degenerative knee disorder, Case study

INTRODUCTION

Kroshtuka sheershaka is a distinct clinical entity described in Ayurvedic classics under *Vatavyadhi*, predominantly affecting the knee joint (*Janu Sandhi*) (1). The condition derives its name from the characteristic appearance of the knee, which resembles the head of a jackal due to joint swelling and structural changes (2). It is commonly associated with symptoms such as pain (*sula*), stiffness (*stambha*), crepitus, and restricted joint movements, leading to functional disability (1). Aggravation of *Vata Dosha*, often in association with *Kapha*, plays a key role in the pathogenesis of this condition, resulting in degeneration of *Asthi* and *Sandhi* structures (3).

In contemporary clinical practice, *Kroshtuka sheershaka* can be correlated with degenerative disorders of the knee joint, particularly osteoarthritis, which is a major cause of morbidity among the elderly and individuals with faulty lifestyle practices (4). Factors such as advancing age, obesity, repetitive strain, improper posture,

and lack of joint nourishment contribute to the progressive deterioration of articular cartilage and surrounding tissues (5).

Ayurveda offers a holistic approach to the management of *Kroshtuka sheershaka* through *Dosha samana*, *Agni deepana*, *Sroto sodhana*, and *Brimhana* therapies aimed at restoring joint integrity and function (6). Both *sodhana* and *samana* modalities are advocated to alleviate pain, reduce inflammation, and improve mobility (7). In this context, the present case report aims to document the clinical features and therapeutic outcome of Ayurvedic management in a patient diagnosed with *Kroshtuka sheershaka*, thereby highlighting the potential role of classical interventions in degenerative knee joint disorders.

HISTORY OF PRESENT ILLNESS:

A 52-year-old female patient with no co-morbidities started experiencing stiffness and difficulty to bend right knee Joint 3 years back. The pain increased progressively and was accompanied by stiffness, which was more pronounced after rest and in the early morning, with partial relief on gentle movement. Subsequently, swelling appeared around the knee joint and slowly increased over time. The symptoms were aggravated by weight-bearing activities such as walking, prolonged standing, and stair climbing, resulting in difficulty in carrying out daily activities.

She consulted ayurvedic dispensary and applied oil over knee, got some relief and after few months the complaints reappeared. Two months back she experienced severe pain over right knee joint and consulted allopathic physician and he advised some internal medicines, physiotherapy and injection over knee joint. She started with physiotherapy and internal medicines but discontinued the treatment as no symptomatic relief was achieved.

There was no history suggestive of trauma, fever, or acute inflammation of the knee joint. The patient also denied any radiation of pain or other systemic symptoms. As the complaints continued and mobility became restricted, the patient sought treatment at the KHRWS pay ward under Swasthavritta Department in government Ayurveda college, Thiruvananthapuram for better management. Examination of the patient including vitals, *ashtavidha pariksha* and specific locomotor system examination is mentioned in table 1,2,3,4 and after obtaining written informed consent, the treatment was started on inpatient department level.

Table 1 demographic details

Age	52
Sex	female
Address	Perunguzhi, thiruvananthapuram
Occupation	housewife
OPD no/IPD No	7627 / 156
Marital status	married
Socioeconomic status	Middle class

Table 2 Chief complaints

Chief complaints	Duration
Pain over both knee joint	Since 2 months
Difficulty and pain on walking	Since 2 months
Stiffness over both knee joints	Since 2 months
Swelling on both knee joints	Since 2 months

Table 3 Vitals examination

Blood pressure	130/80 mmHg
Respiratory rate	19/min
Pulse rate	78/min

Past history

Hysterectomy - 2 years back

Nasal polypectomy 4 years back

NO H/o DM, HTN, DLP

Drug History

Not under regular medication for any other diseases.

Personal History

Sleep - Reduced, disturbed

Bowel - Hard Stool, Not satisfactory

Micturition - Bladder control is reduced

Appetite: Normal.

Family History

Mother had osteoarthritis.

Table 4: Ashtavidha Pariksha

Nadi (pulse)	76/min
Mala (stool)	Badham
Mutra (urine)	Anavilam
Jihva (tongue)	Nopalepatva
Shabda (speech)	Spashta
Sparsha (skin)	Anushnasitam
Druk(eyes)	Vyaktam
Aakruti (posture)	Madhyama

Nidana Panchaka

Nidāna: *Ati-vyayama* (excess exertion) lead to *Vata* aggravation and *sotha* formation (8). *Vata-prakopaka* *ahara*, including *ruksha*, *seetha* and *laghu* items, contributes to joint dryness and swelling (8). *Diwasvapna*, *nidra-viparyaya*, and exposure to cold further promote *seetha-guṇa* and disturb *Vata-Kapha* balance (9). Over-use of the knee, prolonged standing or kneeling, leads to localized *sotha* formation (10)

Poorvarupa : Mild pain around the patellar area and stiffness

Roopa: *Kroshtuka sheersha-akara sotha* – round, raised swelling resembling the head of a jackal, associated with pain and stiffness. Difficulty in flexion, kneeling, climbing stairs due to involvement of the pre-patellar region (10)

Samprapti: Due to *nidanas vata* gets aggravated, *rasa dushti* happens that result in *sleshaka kapha kshaya*. Aggravated *Vata* localizes in the knee joint area and causes *srotorodha* and loss of joint lubrication resulting in pain, stiffness and crepitus. Progressive *vata* dominance causes *asthi majja kshaya* producing degenerative changes and giving the knee a jackal head like appearance characteristic of *Kroshtuka sheershaka*

Investigations:

CBC	
Hb	11.8
RBC	3.94
WBC	4510
AEC	100

ESR	7
Blood sugar	
FBS	80.8
PPBS	84
HbA1C	5.20
Lipid profile	
Total cholesterol	227
Triglycerides	48.5
HDL	57.30
LDL	160.76
VLDL	9.64
Electrolytes	
Calcium	9.57
Serology	
RA factor	10
ASO	126
CRP	0.12
RFT	
Urea	19.10
Creatinine	0.66
Uric acid	4.60
LFT	
Bilirubin total	0.46
Bilirubin direct	0.19
Bilirubin indirect	0.27
SGOT	16.40
SGPT	16.20
Alkaline phosphatase	77
Serum protein	
Total protein	6.15
Albumin	3.95
Globulin	2.20
A/G ratio	1.80

X-ray of both knee joint Anterio posterior view had showed space reduction in knee joint, and osteoporotic changes as shown in figure.



Systemic examination**Right knee:**

Inspection	no redness
Palpation	Tenderness – ++ Temperature -nil Swelling - +++ Crepitus - +++
Range of movements	Flexion and extension restricted due to pain

Left knee:

Inspection	no redness
Palpation	Tenderness – Nil Temperature -nil Swelling - + Crepitus - +
Range of movements	Flexion and extension possible with pain

Diagnosis: *Kroshtuka sheershaka*

Treatment advised: A treatment plan was suggested after investigating the disease's pathophysiology in this patient. This is included in below table.

INTERNAL MEDICINES

Medicine	Dose	Days
<i>Rasna erandadi kashayam</i>	90ml bd	21 days
<i>Kaissora guggulu</i>	1 bd	21 days
<i>Punarnavadi kashayam</i>	60 ml afternoon	21 days
<i>Dasamoola hareethaki lehyam</i>	1 tablespoon	16 days after <i>dhanyamladhara</i>
<i>Gandharva erandam</i>	5ml HS	2 days after <i>guluchyadi ksheera dhara</i>
<i>Guggulutiktakam ghritam</i>	10 ml bd with rice water	4 days after <i>jambeera pinda swedam</i>
<i>Avipathi choornam</i>	10 g morning empty stomach	1 day after <i>patrapotala swedam</i>

EXTERNAL TREATMENTS

Treatment	Medicine	Days
<i>Dhanyamladhara</i>	<i>dhanyamlam</i>	5
<i>lepanam</i>	<i>Jadamayadi lapa choornam</i>	First 12 days
bandage	<i>Murivenna</i>	18 days after 3days of <i>dhanyamladhara</i>
<i>Dasamoola dhanyamladhara</i>	<i>Dasamoola Kashaya choorna, dhanyamlam</i>	2
Mild <i>Abhyangam</i> + <i>dasamooladhanyamladhara</i>	<i>Murivenna, Dasamoola Kashaya choorna, dhanyamlam</i>	3

<i>Guloochyadi ksheera dhara</i>	<i>Guloochyadi Kashaya choornam, ksheera</i>	3
<i>Jambeera pinda swedam</i>	<i>Sahacharadi tailam</i>	4
<i>Patra potala swedam</i>	<i>Sahacharadi tailam</i>	4

Observations and Results

Assessment of the patient was performed in terms of clinical features. After completion of therapy,

The patient got significant relief in pain while walking. Stiffness, and swelling of knee joint reduced. Constipation was relieved in this duration.

Assessment - Assessment is based on subjective and objective criteria.

Subjective Criteria	Before Treatment	After Treatment
Pain in right knee joint (VAS score)	+6	0
Pain in left knee joint (VAS score)	+4	0
Difficulty and pain while walking	+6	0
Stiffness in right knee joint (Womac subscale)	+4	0
Stiffness in left knee joint (Womac subscale)	+2	0
Crepitus present in right knee joint	+++	0
Crepitus present in left knee joint	+	0
swelling over right knee joint	+++	0
swelling over left knee joint	+	0
Constipation	Hard stools	normal bowel
Objective criteria		
Range of movement: (Right leg)	Grade 3	Grade 0
Range of movement: (left leg)	Grade 2	Grade 0

Discussion

Kroshtuka sheershaka is a type of Vatavyadhi that primarily affects the knee joints. It arises due to the vitiation of Vata dosha, and Kapha dosha, leading to depletion of shleshaka Kapha located in the joints (11). The condition predominantly affects Asthi dhatu owing to the asraya-asrayi relationship between Vata and Asthi (12). Clinically, it manifests with swelling (shotha), pain (sula), stiffness (stabdhata), and crepitus (sandhi-sphuṭana) (11).

In Ayurveda, treatment aims at samprapti vighatana, or breaking the disease pathogenesis. To interrupt the samprapti of *Kroshtuka sheershaka*, therapies and drugs possessing ushna, kapha-vatahara, deepana, pachana, shothahara, vedanasthapana, balya, and rasayana properties are indicated (13). In the present study, Ayurvedic treatments were administered for the effective management of *Kroshtuka sheershaka*

Probable Mode of Action of the Treatments

Internal Medicines

Rasna Erandadi Kashayam – It reduces pain and inflammation while providing nourishment to joint tissues due to its *Vata-Kapha hara* and *sothahara* properties (14).

Kaissora Guggulu – With its *Vata-Pitta samana*, *sothahara*, and *vedanasthapana* actions, it reduces pain, swelling, and stiffness in joint disorders. It also acts as *raktaprasadaka* and *rasayana* (15).

Punarnavadi Kashayam – It has *kapha-vata hara*, *shothahara*, *mutrala*, and *amapacana* properties. Its *srotosodhana* action helps relieve pain and stiffness in inflammatory joint conditions (16)

Dasamoola Hareethaki Lehyam – Acts as *Vata-Kapha hara*, *deepana-pachana*, and *amapachaka*, aiding in elimination of morbid doshas. By improving *agni* and nourishing *asthi dhathu*, it reduces pain, stiffness, and swelling (17).

Gandharva Erandam – Promotes *Vata anulomana* and functions as a mild purgative, facilitating removal of morbid *Vata* and relieving pain and stiffness (18).

Guggulu Tiktaka Ghritham – Pacifies *Vata-Kapha*, acts as *medohara*, *shothahara*, and *vedanasthapana*, and works deeply on *asthi* and *majja dhatus*, improving mobility and joint strength (19).

Avipathi Churnam – Performs *Pitta samana* and *mridu virecana*, helps eliminate vitiated doshas and *ama*, improves digestion, and supports systemic balance and symptom relief (20).

External Treatments

Dhanyamla Dhara – Its *ushna* and *ruksha gunas* pacify *Vata-Kapha*, improve circulation, and reduce stiffness, pain, and swelling (21).

Lepanam (Jadamayadi) – Provides local *sothahara* and *vedanasthapana* actions, reducing pain, inflammation, and tenderness in the joint (22).

Murivenna Bandage – Offers *Vata-samana*, *sothahara*, *vedanasthapana* effects and provides structural support. *Murivenna* enhances tissue healing and circulation, improving function (23).

Dasamoola Dhanyamla Dhara – Acts as *Vata-Kapha hara* and potent *sothahara*, reducing inflammation and improving mobility (24).

Mild Abhyanga – Pacifies *Vata*, improves circulation, reduces stiffness, and enhances functional movement

Guduchyadi Kshira Dhara – Exhibits *Vata-Pitta samana* and *rasayana* effects, nourishes tissues, and promotes healing and joint strength

Jambira Pinda Sveda – Provides *ushna sveda*, reducing *Vata-Kapha* predominance, stiffness, and pain while improving flexibility

Patra Pottali Sveda – Acts as a strong *vedanasthapana* and *sothahara* measure; its *ushna-snigdha* properties improve mobility and reduce inflammation

Conclusion

In this case study, significant improvement was observed in a patient with *Kroshtuka sheershaka* by ayurvedic management. As a result, the patient's daily movements improved markedly, demonstrating the effectiveness of the therapy in relieving symptoms.

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