Chondromalacia Patella is a disease in which the cartilage of patella is genetically soften and easily wears away. It more commonly occurs in women than men and it is attributed to increased Q angles in women. Active young adults who participate in running sports or workers who increase stress in their patella femoral joint by repeated stair climbing and/or kneeling have a higher incidence. Chondromalacia is also seen as a complication of injuries, immobilization and surgical procedures that lead to quadriceps atrophy. Cause is the micro-trauma created by the decreased pull of the quadriceps muscles on the patella. In Ayurveda this condition can be understood as Janusandhigata Vata. In the present case the patient was having the classical lakshanas janusandhigata vata like shoola, shopha, vedana akunchana during akunchana of right knee. The treatment protocol was designed as amapachanam followed by brumhana line of management.

CASE HISTORY
26 year old female patient came to the Out Patient Department of Sri Jayendra Saraswathi Ayurveda College, Chennai with confirmed diagnosis of chondromalacia patella, Grade II. The presenting complaints were pain in the anterior part of right knee joint associated with swelling, stiffness, burning sensation, crepitus and difficulty in walking since 1 year. Two years back this apparently normal female patient had a fall from truck and got pain in right knee joint and consulted allopathic doctor and took medicines, she got symptomatic relief by that. One year back one day suddenly she got pain in the same knee, which was of pricking type along with burning sensation, swelling, stiffness and difficulty in walking, and while walking she felt catch away sensation. Then she consulted allopathic hospital and MRI was taken and diagnosed as chondromalacia patella, she took treatment but no relief was found and approached at Sri Jayendra Saraswathi Ayurveda College, Chennai with confirmed diagnosis of chondromalacia Patella. The patient was presented with complaints like pain in the anterior part of the right knee joint associated with stiffness, swelling, burning sensation, crepitus and difficulty in walking since 1 year. The condition was diagnosed as Janu Sandhigata Vata in the sama avastha. Initially the treatment was started with Janusandhigata Vata. Initially the treatment was started with amapachanam and agni deepanam followed by and brumhana line of management for 17 days. Significant improvements were observed in various subjective and objective parameters after the treatment. The patient was discharged with oral medications in the form of for 2 weeks and advised for follow up.

INTRODUCTION
Chondromalacia Patella is a disease in which the hyaline cartilage of patella is genetically soften and easily wears away. It more commonly occurs in women than men and it is attributed to increased Q angles in women. Active young adults who participate in running sports or workers who increase stress in their patella femoral joint by repeated stair climbing and/or kneeling have a higher incidence. A 26 year old female who is not a worker who increase stress in their patella femoral joint by repeated stair climbing and/or kneeling have a higher incidence. A 26 year old female who is not a worker who increase stress in their patella femoral joint by repeated stair climbing and/or kneeling have a higher incidence. A 26 year old female who is not a worker who increase stress in their patella femoral joint by repeated stair climbing and/or kneeling have a higher incidence. 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MRI- Right knee- findings

Treatments given
Internal medicines:
• Manjistadi kashayam 15ml-0-15 ml with 45 ml boiled and cooled water B/F (for 1’ one week)
• Dhannvantaram kahayam 15ml-0-15 ml with 45 ml boiled and cooled water B/F
• Vihvadi Gutika 1-0-1 with honey A/F
• Kseerabala (101) cap 1-0-1 A/F
• Laksadi gulgulu 1-0-1 B/F with kashayam

External treatments
• Shhanika Lepam with jatamayadi choornam with warm water OD for 10 days from 21/01/2020
• Shhanika Dasamoola kseer dhara for 1’ 3days(21/01/2020) OD
• Shhanika Abhyangam with kseerabala tailam followed by Dashamola kseer dhara for 7 days(24/01/2020)
• Shhanika Pizhibhil with maharanayana tailam for 7 days(27/01/2020)
• Januvasti with maharanayana tailam for 7days(27/01/2020)

Follow up medicine:
Indukanta grutam 5ml morning empty stomach B/F
Chyavanprasham 5gm morning B/F
Dhanvantaram kashayam 15ml evening B/F
Kseerabala (101) 1-0-1 A/F
Laksadi gulgulu 1-0-1 A/F
Murtivenna for bandaging

Outcome of the treatment:
Patient assessed outcome:
• Pain was absent completely.
• Burning sensation was absent
• Stiffness got reduced considerably

Clinician assessed outcome:
• Tenderness Absent: Grade III to grade 0
• Grab sign: Negative
• Swelling: Absent
• Crepitus: Reduced from grade III to I
• Range of movement (flexion): improved

DISCUSSION:
The patient was having classical lakshanas of janu sandhigata vata like vedana during aakunchana (flexion), shotha. Along with these lakshanas patient was also having burning sensation and stiffness. Here in this case the burning sensation or doha can be attributed as pitta anubandhatwam and stiffness or stambha can be understood as a vata prakopa lakshana caused due to ruksha and sheeta guna vrudhi. Hence in the present case there is vatapitta vrudhi and kapha kshaya.

In chondro malacia the softening of articular cartilage is happening followed by degeneration. The slesaka kapha having the action of sandhi samslesana is undergoing ksaya and leads to sandhi saithilya. On guna vikalpana, it is understood that there is vrudhi in the ruksha sheeta guna of vyana vata, ashna guna vrudhi of pachaka pitta and snigdha sthira guna kshaya of shleshaka kapha. The pitta dosha prakopa is caused due to the aashaya apakarsha gati of vyana vata thereby dislodging the pachaka pitta from koshta to the janu sandhi. As a consequence the patient was having agni sada in the form increased frequency of loose stools. Hence the case was finally diagnosed as janu sandhigata vata with pittanubandha.

In the above case patient presented with severe knee joint pain along with burning sensation. Considering pittanubandhatwa along with vatakopa jatamayadi choorna has been given as it is pittahara. And for immediate pain relief dasamoola kseera dhara which is having the property of sadyasoola nivarana mentioned in the context of vatarakta was given. Initially for amapachana as well as agnideepana vilwadi gulika was given and in this case patient is having loose bowels along with increased frequency. As hyaline cartilage is avascular and due to injury proper nourishment will not get so manjistadi kashayam is having rakta prasadaana action and for improving circulation manjistadi is selected and it helped in curing burning sensation. Then yogavasti done with vidaryadi grutam and yasti tailam as anuvesanam as it is vatapittahara, balya and niruham with eradamoooladi and dasamoolam kashayam for pacifying vata. Along with yogavasti, pizchil and januvasti with mahanarayana tailam which is bruhana, balya and vatahara was administered.

CONCLUSION:
Chondromalacia patella is characterised by softening and destruction of hyaline cartilage. In Ayurveda it can be understood as janu sandhi gata vata with pittanubandhiram. The guna vikalpana in this case can be understood as ruksa seeta usna guna vrudhi and snigha and sthira guna ksaya. The treatment protocol adopted in this case was kostagata amapachana, pittasamana chikitsa in janu sandhi followed by There was significant improvement in subjective and objective parameters after a course of 17 days of treatment.