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The Concept of *Asthi Dhatu* and *Upa-Asthi Kshaya* (Bone Tissue and Cartilage Degeneration) in Relation to Specific Morphological Changes in Knee Osteo-Arthritis

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Abstract:

Introduction: Knee Osteoarthritis (OA) is a prevalent degenerative joint disease characterized by progressive morphological changes, including cartilage degradation, subchondral bone remodeling, and osteophyte formation. Ayurveda, the traditional Indian system of medicine, describes these degenerative processes through the concepts of *Asthi Dhatu Kshaya* (bone tissue degeneration) and *Upa-Asthi Kshaya* (cartilage degeneration), often linked to imbalances in *Vata* and *Kapha Doshas* and the accumulation of *Ama* (metabolic toxins). This conceptual research aims to explore and articulate the theoretical relationships between the Ayurvedic understanding of *Asthi* and *Upa-Asthi Kshaya* and the specific morphological changes observed in knee OA as characterized by modern biomedical science. The study seeks to build a conceptual bridge between these two knowledge systems, potentially enriching our understanding of OA pathogenesis and informing future integrative research.

Methods: This study employs a **conceptual research design**, involving a systematic and critical analysis of classical Ayurvedic texts

(primarily *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*) and a comprehensive review of modern biomedical literature on knee OA morphology (including studies utilizing radiography and Magnetic Resonance Imaging - MRI). The methodology includes: (1) In-depth textual analysis of Ayurvedic descriptions related to *Asthi*, *Upa-Asthi*, *Kshaya*, *Dosha* involvement in joint disorders, and the role of *Ama*. (2) Detailed review of modern literature on the pathophysiology and morphological changes in knee OA, focusing on cartilage degradation, subchondral bone remodeling, and osteophyte formation. (3) Logical reasoning and comparative analysis to identify potential conceptual parallels and relationships between the Ayurvedic descriptions and modern morphological findings. (4) Development of a theoretical framework and narrative synthesis articulating these proposed relationships, highlighting areas of convergence and divergence between the two perspectives. **Results:** The conceptual analysis revealed significant and plausible relationships between Ayurvedic principles and modern morphological observations. *Asthi Kshaya*, influenced by *Vata Prakopa* and impaired tissue nourishment, was

conceptually linked to subchondral bone sclerosis, cyst formation, and bone marrow lesions. *Upa-Asthi Kshaya*, associated with *Shleshaka Kapha Vikriti* and the drying effects of *Vata*, demonstrated a strong conceptual correlation with cartilage volume loss and defect severity. The study also proposed indirect influences of *Vata Prakopa* on accelerated tissue wear and the potential role of *Ama Sanchaya* in contributing to synovial inflammation and bone marrow lesions. A theoretical framework was developed illustrating these proposed relationships, highlighting areas of convergence in recognizing progressive tissue degeneration and areas of divergence in emphasizing systemic versus local factors. **Discussion:** The findings of this conceptual research provide a valuable theoretical bridge between the Ayurvedic understanding of tissue degeneration and the modern biomedical perspective on knee OA morphology. The identified conceptual alignments offer a broader framework for comprehending the disease, integrating systemic factors emphasized in Ayurveda with the local biomechanical and cellular processes studied in modern medicine. This integration can inform future empirical research investigating the clinical relevance of Ayurvedic concepts in predicting morphological progression and the potential mechanisms of action of Ayurvedic interventions on structural changes in knee OA. The study also highlights the potential for a more holistic and personalized approach to understanding and managing this prevalent condition. **Conclusion:** This conceptual research successfully articulated the theoretical relationships between the Ayurvedic concepts of *Asthi Dhatu* and *Upa-Asthi Kshaya* and the specific morphological changes observed in knee osteoarthritis. By systematically analyzing classical texts and modern literature, the study provides a foundation for future integrative research that can explore these connections empirically, potentially leading to a more

comprehensive understanding and innovative management strategies for knee OA, drawing upon the insights of both ancient wisdom and contemporary science.

Key words: *Asthi Dhatu*, *Upa-Asthi*, *Kshaya*, Knee Osteoarthritis, Morphological Changes, Bone Tissue, Cartilage, *Vata Dosh*a, *Ama*, Subchondral Bone, Articular Cartilage, Osteophytes

Introduction

Conceptual View:

Ayurveda, the ancient Indian system of medicine, offers a unique perspective on the pathogenesis and progression of degenerative joint disorders like Knee Osteoarthritis (OA). Central to this understanding are the concepts of Dhatus – the seven fundamental tissues that sustain the body. Among these, *Asthi Dhatu* (bone tissue) and its supporting tissue *Upa-Asthi* (primarily understood as cartilage) are crucial for joint structure and function. Ayurvedic texts describe the degeneration of these tissues as *Kshaya*, often influenced by imbalances in the Doshas (biological energies), particularly *Vata* (associated with catabolism and degeneration) and *Kapha* (responsible for lubrication and structural integrity). The interplay of these factors is believed to lead to the progressive deterioration observed in OA. This conceptual research aims to delve into the classical Ayurvedic understanding of *Asthi* and *Upa-Asthi Kshaya* and explore its potential correlation with the specific morphological changes that characterize knee OA as understood by modern biomedical science. By establishing a theoretical bridge between these two knowledge systems, this study seeks to enrich our understanding of the disease process beyond a purely biomechanical or biochemical perspective.

Literature Review:

Modern biomedical research has extensively documented the morphological changes in knee OA, including articular cartilage degradation, subchondral bone remodeling (sclerosis, cyst formation, bone marrow lesions), osteophyte formation, and synovial inflammation. These changes are understood through complex cellular and molecular pathways involving chondrocytes, osteoblasts, osteoclasts, inflammatory mediators, and biomechanical stress. Imaging techniques, particularly radiography and Magnetic Resonance Imaging (MRI), play a pivotal role in visualizing and quantifying these structural alterations.

Ayurvedic literature, while not employing the same terminology or imaging modalities, provides detailed descriptions of joint disorders (*Sandhigata Vata*) characterized by pain, stiffness, and functional limitations. The pathogenesis is often attributed to *Vata Prakopa* leading to *Rukshata* (dryness) and *Shosha* (wasting) of joint tissues, alongside the vitiation of *Shleshaka Kapha*, which governs synovial fluid and joint lubrication. The concept of *Dhatu Kshaya* is frequently invoked to explain the progressive nature of these conditions. However, a direct and systematic correlation between the specific Ayurvedic descriptions of *Asthi* and *Upa-Asthi Kshaya* and the detailed morphological changes observed on modern imaging in knee OA remains largely unexplored in conceptual research. Existing studies primarily focus on the clinical efficacy of Ayurvedic treatments or biochemical markers, with limited theoretical exploration of the fundamental tissue degeneration concepts in relation to structural pathology.

Aim and Objective:

Aim: To develop a conceptual framework that elucidates the relationship between the Ayurvedic understanding of *Asthi Dhatu* and *Upa-Asthi Kshaya* and the specific morphological changes

observed in knee osteoarthritis as characterized by modern biomedical science.

Objectives:

To comprehensively analyze classical Ayurvedic texts to identify descriptions, causes, and characteristics associated with *Asthi Kshaya* and *Upa-Asthi Kshaya* in the context of joint disorders.

To review modern biomedical literature detailing the specific morphological changes occurring in knee osteoarthritis, including cartilage degradation, subchondral bone remodeling, and osteophyte formation.

To conceptually map the identified Ayurvedic descriptions of *Asthi* and *Upa-Asthi Kshaya* onto the specific morphological changes observed in knee OA based on logical reasoning and comparative analysis.

Study Rationale:

Understanding the conceptual links between Ayurveda's fundamental principles of tissue degeneration and the structural pathology of knee OA holds significant value. This research can:

Enhance the theoretical understanding of knee OA from a holistic perspective: Integrating the Ayurvedic viewpoint can provide a broader framework for comprehending the disease beyond purely biomechanical and biochemical factors, potentially incorporating the role of constitutional predispositions and systemic imbalances.

Provide a novel lens for interpreting modern research findings: Ayurvedic concepts might offer alternative explanations or contextualization for observed morphological patterns and their progression.

Inform the development of more targeted Ayurvedic interventions: By understanding which Ayurvedic principles relate to specific structural changes, future research can focus on developing treatments aimed at addressing these underlying pathological processes.

Facilitate interdisciplinary communication: Establishing a conceptual bridge can foster better understanding and collaboration between practitioners and researchers of Ayurveda and modern medicine.

Study Design:

This study will employ a conceptual research design. It will involve a systematic and critical analysis of classical Ayurvedic texts and relevant modern biomedical literature. The methodology will focus on:

Textual Analysis: In-depth examination of primary Ayurvedic texts and authoritative commentaries to extract information related to *Asthi*, *Upa-Asthi*, *Kshaya*, and joint disorders.

Literature Review: Comprehensive review of modern biomedical literature on the morphology and pathophysiology of knee OA.

Conceptual Mapping: Logical and comparative analysis to identify potential correlations and relationships between the Ayurvedic concepts and modern morphological findings.

Theoretical Model Development: Construction of a theoretical framework to visually and conceptually represent the proposed relationships.

Base for Future Research Study:

The conceptual framework developed in this study will serve as a foundation for future empirical research, including:

Observational studies: Investigating potential clinical correlations between Ayurvedic assessments indicative of *Asthi* and *Upa-Asthi Kshaya* and specific morphological features on X-ray in patients with knee OA.

Mechanism-based studies: Exploring potential biological pathways through which Ayurvedic interventions might influence bone and cartilage metabolism, potentially impacting morphological progression.

Development of novel diagnostic and prognostic tools: Integrating Ayurvedic

principles with modern imaging and biomarker analysis to develop more holistic approaches to assessing and predicting the course of knee OA.

Beneficial Factors of this Research to Society:

This conceptual research, while not directly involving patient interventions, holds several potential benefits for society:

Enhanced understanding of a prevalent disease: Knee OA significantly impacts quality of life and healthcare systems. A more comprehensive understanding of the disease, integrating traditional wisdom, can lead to better management strategies.

Potential for novel therapeutic approaches: By illuminating the Ayurvedic perspective on tissue degeneration, this research may inspire the development of new and targeted Ayurvedic interventions that address the underlying pathological processes in OA.

Promotion of integrative healthcare: This study contributes to bridging the gap between traditional and modern medicine, fostering a more holistic and patient-centered approach to healthcare.

Preservation and validation of traditional knowledge: By scientifically exploring the concepts of Ayurveda, this research contributes to the preservation and potential validation of this ancient system of medicine.

Guidance for personalized medicine: Understanding how different constitutional types (*Prakriti*) might manifest different patterns of *Kshaya* and morphological changes could pave the way for more personalized approaches to managing knee OA based on Ayurvedic principles.

Methodology

This study employs a conceptual research design to explore the theoretical relationship between the Ayurvedic understanding of *Asthi Dhatu* and *Upa-Asthi Kshaya* and specific morphological changes observed in individuals diagnosed with

primary knee osteoarthritis (OA). This methodology focuses on in-depth textual analysis, logical reasoning, and the development of a theoretical framework to bridge Ayurvedic principles with modern biomedical knowledge of OA morphology.

1. Data Sources and Literature Review:

Classical Ayurvedic Texts: The primary data sources for this study will be classical Ayurvedic texts, with a focus on:

Sushruta Samhita: Detailed analysis of descriptions related to *Asthi* (bone), *Upasthi* (cartilage), joint structure (*Sandhi Sharira*), and degenerative processes (*Kshaya*). Specific attention will be paid to the pathogenesis (*Samprapti*) of joint disorders (*Sandhigata Vata*) and the roles of *Vata* and *Kapha Doshas*.

Charaka Samhita: Examination of relevant sections on tissue metabolism (*Dhatu Poshana*), pathology (*Roga Vijnana*), and the principles of treatment (*Chikitsa Sutra*) as they relate to bone and cartilage health and degeneration.

Ashtanga Hridaya and *Ashtanga Sangraha:* Review of these texts for complementary and corroborative information on the concepts of *Asthi* and *Upasthi*, their functions, and the factors leading to their degeneration.

Authoritative Commentaries: Scholarly commentaries on these classical texts will be consulted to gain deeper insights into the intended meanings and interpretations of the original verses.

Modern Biomedical Literature: A comprehensive review of contemporary biomedical literature on knee OA morphology will be conducted, focusing on:

Pathophysiology of Knee OA: Understanding the cellular and molecular mechanisms involved in cartilage degradation, subchondral bone remodeling, osteophyte formation, and synovial inflammation.

Imaging Studies in Knee OA: Review of research utilizing radiography Imaging to characterize and

quantify morphological changes in the knee joint in OA. This includes studies employing semi-quantitative scoring systems (e.g., WORMS, BLOKS) and quantitative X-ray techniques for cartilage assessment.

Biomarkers of Bone and Cartilage Turnover: Examination of research on biochemical markers that reflect the degradation and repair processes in bone and cartilage.

2. Conceptual Framework Development:

Identification of Key Ayurvedic Concepts: The study will meticulously identify and define the core Ayurvedic concepts relevant to bone and cartilage degeneration, including:

Asthi Dhatu and its properties and functions.

Upa-Asthi Dhatu and its relationship with Shleshaka Kapha.

Kshaya (degeneration) and its different types and causes.

The role of Vata Dosha (particularly Rukshata and Khara qualities) in promoting Shosha (dryness and wasting).

The role of Kapha Dosha imbalance (Shleshaka Kapha Vikriti) in affecting joint lubrication and cartilage integrity.

The concept of Agni (metabolic fire) and Ama (metabolic toxins) in contributing to tissue degeneration and inflammation.

The concept of Srotorodha (channel obstruction) in hindering tissue nourishment.

Mapping Ayurvedic Concepts to Modern Morphology: Through logical reasoning and comparative analysis, the study will attempt to map these identified Ayurvedic concepts onto specific morphological changes observed in knee OA as described in modern biomedical literature. This will involve:

Conceptualizing *Asthi Kshaya* in relation to subchondral bone sclerosis, osteophyte formation, and bone marrow lesions.

Conceptualizing *Upa-Asthi Kshaya* in relation to cartilage volume loss, cartilage defect severity, and changes in cartilage composition.

Exploring how Vata Prakopa might conceptually contribute to cartilage thinning and altered joint biomechanics.

Investigating how Shleshaka Kapha Vikriti might conceptually lead to synovial fluid dysfunction and impaired cartilage nutrition.

Developing theoretical links between Ama Sanchaya and inflammatory morphological features like synovial effusion and potential cartilage damage.

Developing a Theoretical Model: Based on the textual analysis and conceptual mapping, a theoretical model will be developed illustrating the proposed relationships between Ayurvedic concepts of *Asthi* and *Upa-Asthi Kshaya* and specific morphological changes in knee OA. This model may involve diagrams or flowcharts to visually represent the hypothesized pathways.

3. Logical Reasoning and Comparative Analysis:

Deductive Reasoning: Principles and statements from classical Ayurvedic texts regarding tissue degeneration and Dosha imbalances will be used to deduce potential morphological consequences in the context of knee OA.

Inductive Reasoning: Patterns and findings from modern biomedical research on OA morphology will be examined to identify potential parallels or supporting evidence for the Ayurvedic concepts.

Analogical Reasoning: Analogies and metaphors used in Ayurvedic texts to describe tissue degeneration and joint function will be explored for their potential relevance to modern understanding of OA morphology.

Critical Evaluation: The study will critically evaluate the strengths and limitations of the proposed conceptual links, acknowledging potential areas of divergence or lack of direct correspondence between the two knowledge systems.

4. Expert Consultation:

To ensure the accuracy and validity of the Ayurvedic interpretations, consultations will be held with experienced and respected Ayurvedic scholars and clinicians with expertise in Sandhi Sharira and Kayachikitsa (internal medicine). Their insights will be incorporated into the development and refinement of the conceptual framework.

5. Output and Dissemination:

The primary output of this conceptual research will be a comprehensive manuscript detailing the theoretical framework developed, the logical reasoning employed, and the proposed relationships between Ayurvedic concepts and modern morphological findings in knee OA. This manuscript will be prepared for submission to peer-reviewed journals in the fields of integrative medicine, complementary and alternative medicine, or rheumatology.

Expected Outcomes: This conceptual research is expected to yield a novel theoretical framework that bridges the Ayurvedic understanding of *Asthi Dhatu* and *Upa-Asthi Kshaya* with the morphological changes observed in knee OA. This framework will provide a foundation for future empirical studies investigating the clinical relevance of these Ayurvedic concepts and the potential mechanisms of action of Ayurvedic interventions in modifying the morphological progression of the disease. The study aims to contribute to a more holistic and integrated understanding of knee OA by exploring the insights offered by traditional Ayurvedic wisdom.

Expected Findings of the Conceptual Research Study:

I. Detailed Elucidation of Ayurvedic Concepts:

Precise Definitions and Characteristics of *Asthi Dhatu Kshaya*: The study will provide a refined understanding of *Asthi Dhatu Kshaya* as described in classical texts, identifying its specific

causes (e.g., Vata Prakopa, improper nutrition, aging), characteristics (e.g., porosity, brittleness, reduced density), and potential clinical manifestations related to joint health (e.g., deep-seated bone pain, increased susceptibility to fractures, severe crepitus).

In-depth Analysis of *Upa-Asthi Kshaya* and its Link to Shleshaka Kapha: The research will thoroughly examine the concept of *Upa-Asthi*, emphasizing its role as the cushioning tissue in joints and its intimate relationship with Shleshaka Kapha (synovial fluid and joint lubrication). It will detail how imbalances in Shleshaka Kapha (e.g., reduced quantity, altered viscosity due to Vata or Ama) are described to precede or contribute to *Upa-Asthi Kshaya*, characterized by thinning, erosion, and loss of function.

Identification of Dosha Involvement Patterns: The study will delineate how specific Dosha imbalances, particularly aggravated Vata (leading to Rukshata and Shosha) and deranged Kapha (affecting Shleshaka), are conceptually understood to initiate and propagate *Asthi* and *Upa-Asthi Kshaya* in the context of joint degeneration.

Conceptual Pathways of Degeneration: The research will outline the step-by-step conceptual pathways described in Ayurveda through which these Dosha imbalances lead to the progressive degeneration of *Asthi* and *Upa-Asthi*, potentially involving the accumulation of Ama and obstruction of Srotas (tissue channels).

II. Comprehensive Mapping of Ayurvedic Concepts to Modern Morphology:

Proposed Conceptual Links between *Asthi Kshaya* and Subchondral Bone Changes: The study is expected to propose specific conceptual links between the Ayurvedic understanding of *Asthi Kshaya* and modern observations of subchondral bone sclerosis (increased bone density), subchondral cysts (areas of fluid-filled cavities), and bone marrow lesions (areas of abnormal signal intensity on MRI, indicative of

inflammation or altered bone turnover) in knee OA. For instance, the Rukshata and Shosha associated with Vata Prakopa in *Asthi Kshaya* might be conceptually linked to altered bone microarchitecture and increased stress, leading to sclerosis and lesion formation.

Proposed Conceptual Links between *Upa-Asthi Kshaya* and Cartilage Degradation: The research will aim to establish conceptual parallels between *Upa-Asthi Kshaya* and the modern understanding of cartilage volume loss, cartilage defect severity (as graded by systems like WORMS or BLOKS), and changes in cartilage composition (assessed by quantitative X-ray techniques). The vitiation of Shleshaka Kapha and the resulting lack of nourishment to *Upa-Asthi* might be conceptually linked to the initiation and progression of chondrocyte dysfunction and extracellular matrix breakdown.

Potential Conceptual Correlates for Osteophyte Formation: The study will explore potential Ayurvedic concepts that might relate to osteophyte formation. While not directly described as "osteophytes," the Ayurvedic understanding of abnormal bone growth or *Asthi Vriddhi* in response to chronic Vata imbalance or altered joint mechanics might offer a conceptual parallel.

Conceptual Integration of Ama and Inflammation: The research will attempt to conceptually integrate the role of Ama (metabolic toxins) as described in Ayurveda with the inflammatory processes observed in the synovium and potentially within the bone marrow in knee OA, suggesting how Ama Sanchaya (accumulation) might contribute to tissue damage and morphological changes.

III. Development of a Theoretical Model:

Visual Representation of Proposed Relationships: The study will culminate in the development of a visual and descriptive theoretical model. This model will illustrate the hypothesized pathways through which Dosha

imbalances lead to *Asthi* and *Upa-Asthi Kshaya*, and how these processes conceptually manifest as the specific morphological changes observed in knee OA on modern imaging. The model may include flowcharts, diagrams, and narrative descriptions to articulate these complex interrelationships.

IV. Identification of Areas of Convergence and Divergence:

Points of Alignment: The research is expected to identify areas where the Ayurvedic understanding of tissue degeneration in joints conceptually aligns with modern biomedical findings on OA morphology, such as the recognition of progressive tissue loss and altered joint structure.

Points of Divergence: The study will also highlight areas where the conceptual frameworks differ, such as the emphasis on Dosha imbalances and metabolic factors in Ayurveda versus the primarily biomechanical and molecular focus in modern medicine. These divergences will be critically discussed to understand the unique perspectives offered by each system.

V. Foundation for Future Empirical Research:

Testable Hypotheses: The conceptual framework developed will provide a foundation for generating specific, testable hypotheses for future empirical studies. For example:

Individuals with clinical presentations strongly indicative of Vata Prakopa and *Asthi Kshaya* will exhibit a higher prevalence and severity of subchondral bone changes on MRI.

Individuals with clinical presentations suggestive of Shleshaka Kapha Vikriti and *Upa-Asthi*

Kshaya will demonstrate greater cartilage volume loss on quantitative MRI.

Guiding Principles for Integrative Studies: The conceptual links established can guide the design of future studies that integrate Ayurvedic assessments with modern imaging and biomarker analysis to investigate the underlying mechanisms of disease progression and the effects of Ayurvedic interventions.

Overall Expected Outcome:

This conceptual research is expected to yield a robust theoretical framework that systematically links the Ayurvedic understanding of *Asthi Dhatu* and *Upa-Asthi Kshaya* to the specific morphological changes observed in knee osteoarthritis. By providing a structured and reasoned bridge between these two distinct knowledge systems, the study aims to enrich our comprehension of this prevalent disease, pave the way for future integrative research, and potentially inform the development of more holistic and personalized approaches to its management based on Ayurvedic principles. The findings will underscore the potential value of incorporating traditional wisdom into the contemporary understanding of complex chronic conditions.

Chart of Observed, Researched Study Findings: Conceptual Research on *Asthi Dhatu* and *Upa-Asthi Kshaya* in Relation to Knee Osteo-Arthritis Morphology

This chart summarizes the expected findings of the conceptual research study, categorizing them based on the key areas of investigation.

Ayurvedic Concept & Characteristics (Observed from Textual Analysis)	Modern Morphological Changes in Knee OA (Researched from Biomedical Literature)	Proposed Conceptual Links & Potential Correlations	Areas of Convergence	Areas of Divergence	Potential for Future Research
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<p>Asthi Dhātu Kshaya</p> <p>
 - Causes: <i>Vata Prakopa</i> (<i>Rukshata</i>, <i>Khara</i>), improper nutrition, aging, trauma.</p> <p>
 - Characteristics: Porosity, brittleness, reduced density, thinning of bony trabeculae, increased susceptibility to fracture.</p> <p>
 - Associated Clinical Signs (Inferred): Deep-seated bone pain, severe crepitus (bone-on-bone), joint instability.</p>	<p>Subchondral Bone Remodeling: & - Sclerosis (increased density on X-ray). & - Subchondral cysts (fluid-filled cavities on MRI). & - Bone Marrow Lesions (BMLs - signal changes on X-ray indicating inflammation/ altered turnover). & - Osteophyte formation (bony outgrowths).</p>	<p>- <i>Vata Prakopa's Rukshata</i> & altered biomechanics potentially contribute to increased stress on subchondral bone, leading to sclerosis and BMLs. & - Impaired <i>Asthi Poshana</i> (bone nourishment) in <i>Kshaya</i> may contribute to cyst formation and altered bone microarchitecture. & - Aberrant bone growth (<i>Asthi Vriddhi</i> in response to chronic imbalance) as a potential parallel to osteophyte formation.</p>	<p>- Recognition of altered bone structure and density in advanced stages.
 - Acknowledgment of bone pain as a key symptom.</p>	<p>- Lack of direct Ayurvedic equivalent for specific microstructural changes and molecular mechanisms of bone remodeling.
 - Osteophytes not explicitly detailed as a primary <i>Kshaya</i> manifestation.</p>	<p>- Empirical studies correlating clinical signs of <i>Asthi Kshaya</i> with specific subchondral bone X-ray features.
 - Investigating the influence of <i>Vata</i>-alleviating therapies on bone remodeling markers.</p>
<p>Upa-Asthi Kshaya</p> <p>
 - Causes: <i>Shleshaka Kapha Vikriti</i> (reduced quantity, altered viscosity due to <i>Vata</i> or</p>	<p>Articular Cartilage Degradation:
 - Cartilage volume loss (quantified on MRI).
 - Cartilage defect severity (graded using WORMS/BLOKS</p>	<p>- <i>Shleshaka Kapha Vikriti</i> leading to inadequate lubrication and nourishment of <i>Upa-Asthi</i> directly correlates with cartilage matrix breakdown and</p>	<p>- Shared understanding of progressive loss of joint cartilage as a hallmark of the disease.
 - Recognition of pain and stiffness related</p>	<p>- Lack of detailed Ayurvedic description of chondrocytes and extracellular matrix components.
 -</p>	<p>- Studies correlating clinical signs of <i>Upa-Asthi Kshaya</i> with quantitative X-ray measures of cartilage health.</p>

<p><i>Ama</i>), impaired nourishment, overuse.
 - Characteristic s: Thinning, erosion, fibrillation, loss of elasticity and cushioning.
 - Associated Clinical Signs (Inferred): Gradual onset of pain worsened by activity, superficial crepitus (cartilage roughness), joint line tenderness, early morning stiffness.</p>	<p>).
 - Changes in cartilage composition (assessed by T2 mapping, dGEMRIC on MRI).</p>	<p>- volume loss.
 - <i>Rukshata</i> from <i>Vata</i> may contribute to cartilage surface fibrillation and increased friction.
 - <i>Ama Sanchaya</i> in the joint may contribute to inflammation and accelerate cartilage degradation.</p>	<p>to cartilage damage.</p>	<p>Composition al changes in cartilage not directly addressed in classical texts.</p>	<p>
 - Investigatin g the impact of <i>Kapha</i>-balancing and <i>Ama</i>-reducing therapies on cartilage biomarkers.</p>
<p>Vata Dosha Imbalance (<i>Prakopa</i>)
 - Characteristic s: <i>Rukshata</i> (dryness), <i>Khara</i> (roughness), <i>Chala</i> (mobility), <i>Sukshma</i> (subtlety).
 - Role: Catabolic</p>	<p>Altered Biomechanics & Increased Joint Stress:
 - Malalignment.
 - Muscle weakness.
 - Abnormal joint loading.</p>	<p>- <i>Vata</i>'s <i>Rukshata</i> and altered joint mechanics contribute to increased friction and wear on cartilage (<i>Upa-Asthi</i>).
 - Imbalance can exacerbate <i>Asthi Kshaya</i> by disrupting bone remodeling equilibrium.</p>	<p>- Acknowledgm ent of mechanical factors influencing OA progression.</p>	<p>- Ayurvedic emphasis on systemic <i>Dosha</i> imbalance as a primary driver, while modern medicine often focuses on local biomechanic al factors initially.</p>	<p>- Researching the influence of <i>Vata</i>-pacifying lifestyle and therapies on biomechanic al parameters and disease progression.</p>



processes, movement, nerve conduction.					
<p>Kapha Dosha Imbalance (Vikriti of Shleshaka Kapha)</p> <p>- Characteristic s: Reduced quantity, increased viscosity (if vitiated by <i>Ama</i>), stickiness.</p> <p>- Role: Lubrication, structural integrity, cohesion.</p>	<p>Synovial Fluid Dysfunction & Inflammation:</p> <p>&lt;br> - Reduced synovial fluid volume. &lt;br> - Altered synovial fluid viscosity. &lt;br> - Synovitis (inflammation of the synovial membrane).</p>	<p>- Imbalance in <i>Shleshaka Kapha</i> directly affects synovial fluid quality, impairing lubrication and nourishment of <i>Upa-Asthi</i>. &lt;br> - <i>Ama</i> vitiation of <i>Kapha</i> can contribute to synovial inflammation, indirectly damaging cartilage.</p>	<p>- Recognition of the importance of synovial fluid in joint health. &lt;br> - Acknowledgm ent of inflammation as a contributing factor.</p>	<p>- Detailed biochemical analysis of synovial fluid and inflammatory mediators not part of classical Ayurvedic descriptions.</p>	<p>- Investigatin g the impact of <i>Kapha</i>-balancing and <i>Ama</i>-reducing therapies on synovial fluid characteristi cs and inflammatory markers.</p>
<p>Ama Sanchaya (Accumulati on of Metabolic Toxins)</p> <p>- Characteristic s: Stickiness, heaviness, obstruction of channels (<i>Srotorodha</i>).</p> <p>- Role: Impedes tissue nourishment, contributes to inflammation.</p>	<p>Systemic and Local Inflammation:</p> <p>&lt;br> - Elevated inflammatory cytokines. &lt;br> - Inflammatory changes in synovial tissue and bone marrow.</p>	<p>- <i>Ama Sanchaya</i> obstructs <i>Srotas</i> supplying nutrients to <i>Asthi</i> and <i>Upa-Asthi</i>, contributing to their <i>Kshaya</i>. &lt;br> - <i>Ama</i> acts as a trigger for inflammatory responses within the joint.</p>			

Expected Overall Outcome:

This chart illustrates the anticipated findings of the conceptual research, highlighting potential correlations between Ayurvedic principles of *Asthi* and *Upa-Asthi Kshaya* and specific morphological changes in knee OA. The study is expected to demonstrate areas of conceptual convergence and divergence between the two systems, ultimately providing a theoretical framework that can inform future empirical research and contribute to a more holistic

understanding of this complex degenerative joint disease.

This data chart presents the expected findings of the conceptual research study in a structured format, emphasizing potential correlations and areas of alignment/divergence between Ayurvedic concepts and modern morphological observations in knee OA.

Ayurvedic Parameter	Ayurvedic Description & Characteristics (Textual Analysis)	Modern Morphological Correlate (Biomedical Literature)	Proposed Conceptual Relationship (Strength of Association High/Medium/Low)	Nature of Relationship (Direct/Indirect/Complex)	Potential for Empirical Validation	Key Considerations/Limitations
<i>Asthi Dhatu Kshaya</i> (Bone Degeneration)	<ul style="list-style-type: none"> - Thinning of <i>Asthi</i> (bone tissue). - Increased <i>Shaushirya</i> (porosity/brittleness). - Reduction in <i>Sara</i> (density/strength). - Association with <i>Vata Prakopa</i> & impaired <i>Poshana</i> (nutrition). 	<ul style="list-style-type: none"> - Subchondral bone sclerosis (increased density). - Subchondral cysts (fluid-filled lesions). - Trabecular thinning (microstructural changes). - Bone Marrow Lesions (BMLs - inflammation/alterd turnover). 	Medium-High (Conceptual link between tissue weakening and structural changes)	Complex (Involves altered bone metabolism and biomechanical stress)	<ul style="list-style-type: none"> - Correlation studies of clinical <i>Asthi Kshaya</i> signs with bone density (DXA) & X-ray features. - Studies on <i>Vata</i>-pacifying interventions and bone turnover markers. 	<ul style="list-style-type: none"> - Direct one-to-one mapping of Ayurvedic descriptions to specific imaging features may be limited by terminology.

<p>Upa-Asthi Kshaya (Cartilage Degeneration)</p>	<p>- <i>Rukshata</i> (dryness) & <i>Shosha</i> (wasting) of <i>Upa-Asthi</i>. &lt;br> - Loss of <i>Shlakshnata</i> (smoothness). &lt;br> - Reduced <i>Snigdhatata</i> (unctuousness/lubrication) due to <i>Shleshaka Kapha Vikriti</i>.</p>	<p>- Cartilage volume loss (MRI). &lt;br> - Cartilage defect severity (WORMS/BLOKS grading). &lt;br> - Increased cartilage surface irregularity (MRI). &lt;br> - Altered cartilage composition (T2 mapping, dGEMRIC).</p>	<p>High (Direct conceptual link between tissue wasting and structural damage)</p>	<p>Direct (Loss of tissue mass and integrity)</p>	<p>- Correlation of clinical <i>Upa-Asthi Kshaya</i> signs with quantitative X-ray cartilage measures. &lt;br> - Studies on <i>Kapha</i>-balancing therapies and cartilage biomarkers.</p>	<p>- Ayurvedic description focuses on overall tissue quality, while modern X-ray provides detailed compositional analysis.</p>
<p>Vata Prakopa (Aggravation of Vata Dosh)</p>	<p>- Dominance of <i>Ruksha</i> (dry), <i>Khara</i> (rough), <i>Chala</i> (mobile) qualities. &lt;br> - Association with pain, stiffness, and altered joint movement.</p>	<p>- Increased joint friction (biomechanical studies). &lt;br> - Potential for accelerated cartilage wear. &lt;br> - Influence on nerve sensitivity and pain perception.</p>	<p>Medium (Indirect influence on tissue degeneration through altered biomechanics and metabolic processes)</p>	<p>Indirect (Acts as a catalyst or contributing factor)</p>	<p>- Studies correlating clinical <i>Vata</i> signs with biomechanical gait analysis and pain scores. &lt;br> - Investigating the effect of <i>Vata</i>-pacifying treatments on</p>	<p>- <i>Vata</i> is a systemic concept, and its specific impact on local joint morphology is complex.</p>

					joint mechanics.	
Shleshaka Kapha Vikriti (Imbalance of Shleshaka Kapha)	- Reduced quantity or altered viscosity of <i>Shleshaka</i> (synovial fluid).
 - Loss of lubrication and nourishment to joint tissues.	- Reduced synovial fluid volume (MRI).
 - Altered synovial fluid viscosity (laboratory analysis - if applicable in future studies).
 - Potential for impaired cartilage nutrition.	Medium-High (Direct impact on the immediate environment of <i>Upa-Asthi</i>)	Direct (Affects lubrication and nutrient supply)	- Studies correlating clinical signs of <i>Kapha</i> imbalance with synovial fluid analysis (if feasible in future integrative studies) and cartilage health.	- Direct assessment of <i>Shleshaka Kapha</i> quality in living joints using non-invasive methods is challenging.
Ama Sanchaya (Accumulation of Metabolic Toxins)	- Characterized by <i>Stabdha</i> (stiffness), * गौरव* (heaviness), and obstruction of <i>Srotas</i> .
 - Believed to contribute to inflammation and tissue damage.	- Synovitis (inflammation of synovial membrane on MRI).
 - Potential contribution to bone marrow lesions (inflammatory component).
 - Systemic inflammatory markers (if measured in future studies).	Medium (Indirect contribution through inflammatory processes and metabolic disruption)	Indirect (Mediated through inflammatory pathways and impaired tissue function)	- Studies correlating clinical signs of <i>Ama</i> with systemic and local inflammatory markers in OA patients.
 - Investigating the effect of <i>Ama</i> -reducing therapies on X-ray signs of inflammation.	- Direct identification and quantification of <i>Ama</i> using modern biochemical methods is a significant challenge.

Key to Strength of Association:

High: Strong conceptual alignment based on the described functions and consequences.

Medium: Plausible conceptual link, but may involve indirect mechanisms or require further interpretation.

Low: Weak or less direct conceptual connection, requiring significant inference.

Note: This data chart represents the expected findings of a conceptual research study. The "observed" data here refers to observations from classical Ayurvedic texts, and the "researched" data comes from the existing body of modern biomedical literature. The "conceptual relationships" are proposed based on logical reasoning and comparative analysis. Empirical validation in future studies will be crucial to confirm these theoretical links.

Results:

This conceptual research, based on a thorough analysis of classical Ayurvedic texts and a comprehensive review of modern biomedical literature on knee osteoarthritis (OA) morphology, yielded the following key findings regarding the proposed relationships between Ayurvedic concepts of *Asthi Dhatu* and *Upa-Asthi Kshaya* and specific morphological changes:

I. Conceptual Alignment of *Asthi Kshaya* with Subchondral Bone Changes:

The study revealed a notable conceptual alignment between the Ayurvedic descriptions of *Asthi Dhatu Kshaya* and the modern understanding of subchondral bone remodeling in knee OA. The *Rukshata* (dryness) and impaired *Poshana* (nutrition) associated with *Vata Prakopa* in *Asthi Kshaya* were conceptually linked to the increased stress on subchondral bone, potentially contributing to the development of subchondral sclerosis and bone marrow lesions observed on MRI. Furthermore, the weakening and increased porosity (*Shaushirya*) described in

Asthi Kshaya offer a conceptual framework for understanding the structural alterations that may predispose to cyst formation and trabecular thinning. While a direct equivalent for osteophyte formation within the primary concept of *Asthi Kshaya* was not explicitly found, the broader Ayurvedic understanding of abnormal bone growth in response to chronic imbalance (*Asthi Vriddhi*) presents a potential conceptual parallel.

II. Strong Conceptual Correlation between *Upa-Asthi Kshaya* and Cartilage Degradation:

A strong conceptual correlation was identified between the Ayurvedic understanding of *Upa-Asthi Kshaya* and the morphological features of cartilage degradation in knee OA. The descriptions of *Rukshata* (dryness) and *Shosha* (wasting) affecting *Upa-Asthi*, coupled with the vitiation of *Shleshaka Kapha* leading to reduced lubrication and nourishment, directly parallel the modern observations of cartilage volume loss and increased surface irregularity on MRI. The impaired integrity of *Upa-Asthi* due to *Kshaya* provides a conceptual basis for the progressive cartilage defect severity observed using standardized grading systems.

III. Indirect Influence of *Vata Prakopa* on Morphological Changes:

The study suggests an indirect but significant influence of *Vata Prakopa* on the morphological changes in knee OA. The *Ruksha* and *Khara* qualities of aggravated *Vata* are conceptually linked to increased friction within the joint, potentially accelerating cartilage wear (*Upa-Asthi Kshaya*) and contributing to altered biomechanics that further stress the subchondral bone (*Asthi Kshaya*). The association of *Vata* with pain and stiffness also aligns with the symptomatic presentation of OA, which can influence joint loading and movement patterns.

IV. Direct Impact of *Shleshaka Kapha Vikriti* on the Joint Environment:

The research highlights the direct impact of *Shleshaka Kapha Vikriti* (imbalance) on the

immediate environment of the knee joint. The Ayurvedic descriptions of reduced quantity and altered viscosity of *Shleshaka* (synovial fluid) directly correlate with modern findings of decreased synovial fluid volume and potentially altered viscosity in OA. This compromised joint lubrication and nourishment are conceptually understood to exacerbate *Upa-Asthi Kshaya* and contribute to the overall degenerative process.

V. Potential Role of *Ama Sanchaya* in Inflammatory Morphological Features:

The study proposes a potential role for *Ama Sanchaya* (accumulation of metabolic toxins) in

the inflammatory aspects of knee OA morphology. The Ayurvedic understanding of *Ama* obstructing *Srotas* (tissue channels) and contributing to systemic imbalance aligns conceptually with the presence of synovitis (inflammation of the synovial membrane) and the inflammatory component observed in bone marrow lesions on MRI. *Ama*'s role in disrupting normal tissue metabolism may also indirectly contribute to the degeneration of both *Asthi* and *Upa-Asthi*.

Summary of Conceptual Relationships:

Ayurvedic Concept	Modern Morphological Correlate	Strength of Conceptual Association
<i>Asthi Kshaya</i>	Subchondral Bone Sclerosis, Cysts, BMLs, Potential link to Osteophytes	Medium-High
<i>Upa-Asthi Kshaya</i>	Cartilage Volume Loss, Cartilage Defects, Surface Irregularity	High
<i>Vata Prakopa</i>	Increased Joint Friction, Accelerated Tissue Wear, Altered Biomechanics	Medium
<i>Shleshaka Kapha Vikriti</i>	Reduced Synovial Fluid Volume, Impaired Joint Lubrication & Nourishment	Medium-High
<i>Ama Sanchaya</i>	Synovitis, Inflammatory Component of BMLs	Medium

Discussion: The Concept of *Asthi Dhatu* and *Upa-Asthi Kshaya* (Bone Tissue and Cartilage Degeneration) in Relation to Specific Morphological Changes in Knee Osteo-Arthritis

The findings of this conceptual research offer several key discussion points that bridge the Ayurvedic understanding of tissue degeneration with the modern biomedical perspective on knee osteoarthritis (OA) morphology.

1. Convergence on the Core Concept of Tissue Degeneration:

Both Ayurvedic and modern biomedical frameworks converge on the fundamental concept of progressive tissue degeneration in knee OA. Ayurveda's *Asthi Kshaya* and *Upa-Asthi Kshaya* directly address the deterioration of bone and cartilage, mirroring the cartilage loss and

subchondral bone changes identified as hallmarks of OA in modern medicine. This shared understanding, despite differing terminologies and methodologies, underscores the core pathological processes involved.

2. The Role of Systemic Factors vs. Local Biomechanics:

Ayurveda emphasizes the role of systemic factors, particularly Dosha imbalances (*Vata* and *Kapha*), and metabolic disturbances (*Ama*), as primary drivers of tissue degeneration. While modern medicine acknowledges the influence of systemic inflammation and metabolic factors, its initial focus often lies on local biomechanical stress and cellular-level processes within the joint. This difference in emphasis presents an opportunity for a more holistic understanding of OA pathogenesis, integrating both systemic and

local perspectives. Future research could explore how specific Dosha imbalances might predispose individuals to particular biomechanical patterns or cellular responses in the joint.

3. Conceptualizing the Impact of Vata Prakopa:

The proposed link between Vata Prakopa and altered biomechanics, leading to accelerated tissue wear, offers a unique Ayurvedic insight. The Ruksha (dry) and Khara (rough) qualities of aggravated Vata can be conceptually related to reduced joint lubrication and increased friction, contributing to both cartilage and bone damage. This perspective warrants further investigation in biomechanical studies, potentially exploring if individuals with clinical signs of Vata dominance exhibit distinct gait patterns or joint kinematics that correlate with disease progression.

4. The Significance of Shleshaka Kapha Vikriti in Joint Homeostasis:

The strong conceptual link between Shleshaka Kapha Vikriti (imbalance) and impaired joint lubrication and nourishment highlights the critical role of synovial fluid in maintaining joint health, a concept shared by both systems. Ayurveda's emphasis on restoring the quality and quantity of Shleshaka Kapha through therapeutic interventions aligns with modern research focusing on improving synovial fluid properties. Future studies could investigate the impact of Kapha-balancing Ayurvedic treatments on synovial fluid biomarkers and cartilage health.

5. Ama Sanchaya as a Potential Driver of Inflammation:

The conceptual role of Ama Sanchaya in contributing to inflammation provides an Ayurvedic framework for understanding the inflammatory component of OA, including synovitis and bone marrow lesions. While the precise biochemical nature of Ama requires further elucidation through modern scientific

methods, the Ayurvedic principle of metabolic toxins contributing to tissue damage and inflammation resonates with the current understanding of OA as an inflammatory degenerative disease. Research exploring the effects of Ama-reducing Ayurvedic therapies on inflammatory markers in OA patients could be valuable.

6. Bridging Terminology and Methodologies:

A key challenge in this conceptual research lies in bridging the different terminologies and methodologies employed by Ayurveda and modern medicine. While direct one-to-one mapping of Ayurvedic concepts to specific molecular or imaging findings is not always feasible, identifying functional and mechanistic parallels can be highly informative. Future integrative research should focus on developing standardized protocols that incorporate both Ayurvedic assessments and modern diagnostic tools to facilitate meaningful comparisons.

7. Implications for Future Research and Therapeutic Strategies:

The conceptual framework developed in this study provides a strong rationale for future empirical research. Studies correlating clinical signs of Dosha imbalance and Dhatu *Kshaya* with quantitative X-ray measures and biochemical markers could validate these theoretical links. Furthermore, understanding the Ayurvedic perspective on tissue degeneration may inspire the development of novel and targeted Ayurvedic interventions aimed at addressing the underlying pathological processes in OA, potentially complementing existing treatment strategies.

8. Potential for Personalized Medicine:

Ayurveda's emphasis on individual constitution (Prakriti) and current imbalances (Vikriti) suggests a personalized approach to understanding and managing OA. Future research could explore if individuals with different Dosha

predispositions exhibit distinct patterns of morphological changes or respond differently to specific Ayurvedic treatments. This aligns with the growing interest in personalized medicine in modern healthcare.

Summary of Discussion:

This conceptual research demonstrates a significant potential for synergy between the Ayurvedic understanding of *Asthi* and *Upa-Asthi Kshaya* and the modern biomedical perspective on knee OA morphology. While challenges remain in bridging the distinct frameworks, the identified conceptual alignments offer valuable insights into the pathogenesis of OA and provide a strong foundation for future integrative research. By exploring these connections, we can potentially develop a more comprehensive understanding of this debilitating disease and pave the way for more holistic and personalized therapeutic approaches that draw upon the wisdom of both ancient and modern medical systems.

Conclusion:

This conceptual research, through a thorough analysis of classical Ayurvedic texts and modern biomedical literature, establishes significant and plausible theoretical links between the Ayurvedic concepts of *Asthi Dhatu* and *Upa-Asthi Kshaya*, influenced by Dosha imbalances and Ama Sanchaya, and the specific morphological changes observed in knee osteoarthritis (OA). The study highlights a convergence on the fundamental understanding of progressive tissue degeneration, while also revealing unique Ayurvedic insights into the systemic factors (Dosha), joint environment (Shleshaka Kapha), and metabolic disturbances (Ama) that may contribute to the characteristic cartilage and bone alterations seen in OA. These findings provide a robust theoretical framework for future empirical research aimed at validating these conceptual relationships and exploring the potential of Ayurvedic principles to inform more holistic and

personalized diagnostic and therapeutic strategies for knee OA. The study underscores the value of integrating traditional Ayurvedic wisdom with modern scientific understanding to achieve a more comprehensive approach to this prevalent degenerative joint disease.

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