



AN AYURVEDIC APPROACH TO JANUSANDHIGATA VATA – A CASE STUDY

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ABSTRACT

A degenerative disease is a disease in which the function or structure of the affected tissues or organs will progressively deteriorate over time, whether due to normal bodily wear or lifestyle choices such as exercise or eating habit. In *Ayurveda* it is called as *Kaalaja Jara*. There are many degenerative diseases like degenerative arthritis, degenerative disc disease, neurodegenerative diseases. The elderly are prone to the condition known as *Janusandhigata vata* (osteoarthritis). Some of the risk/cause factors include lifestyle choices, excessive weight, trauma, and a diet lacking in calcium. *Vata* is vitiated by *Rooksha aahar* (dry diet) and *Ativyaam* (excessive exercise) It mostly affects the body's weight-bearing joints, particularly the knee, hip, and lumbar spine. The most prevalent type of articular problems, *Janusandhigata vata* (osteoarthritis) severely restricts a sufferer's ability to walk, dress, bathe, and do other daily tasks. The condition frequently manifests as *Shula* (pain), *Sotha* (swelling), *VataPoornadriti Sparsha* (crackling sound), and trouble flexing and extending the *Sandhi* (joints). calcium supplements, and ultimately joint replacement are all alternatives for therapy. **Methodology:** A 58 years male patient with *Janusandhigata Vata* (osteoarthritis) came to Jammu institute of Ayurveda and Research Hospital, Nardani, Jammu. **Key Findings and Major Conclusion:** This indoor patient received 15 days of *Janubasti* with *Mahanararayana taila* and *Ksheerabala Taila*, *Avagaha* in *Dhanwantri* and *Nirgundi Taila* for 15 days and *Upanaha* with *Shigru* leaves for 15 days. The patient reacted favourably to these Ayurvedic therapies and had significant alleviation symptoms. Schedule for the period 24 August 2023 to 10 September 2023 and substantial positive change in signs and symptoms was observed. **Material and Method** – *Ayurvedic* classical texts, modern literature, Research articles and research journals. **Result** - In *Ayurveda*, the treatment of *Janusandhigatavata* is aimed at reducing the *Vata dosha* and to balance the *shleshaka kapha*. For this many procedures have been mentioned like *Snehana*, *Swedana*, *Mridu Samshodhan*, *Janubasti Upanaha*, *Avagaha*, *Agnikarma*, *Bandhana*, etc are also described. **Discussion** - *Ayurveda* being a holistic system giving equal importance to physical, mental and spiritual well being.

KEYWORDS: *Janusandhigata Vata*, *Vata Vyadhi*, *Janubasti*.

INTRODUCTION

Janusandhigatavata (Osteoarthritis) is one such progressive degenerative disease of joints characterized by pain, stiffness, restricted movements of knee joints. It is one of the *Vatavyadhi*. Osteoarthritis can be correlated with *Janusandhigata Vata* in *Ayurveda*. *Acharya Charaka* has explained this disease under *Vataja Nanatmaja Vyadhi*. He had explained this condition with symptoms such as pain while walking, inflammation and crepitus present in joint.^[1] *Acharya Sushruta* has added peculiar symptoms like degenerative changes in joints as the symptoms of

Sandhigata Vata.^[2] other treatment pathy has its own limitation in managing osteoarthritis. The pharmacological management of osteoarthritis includes the administration of pain killers and Non Steroidal Anti-Inflammatory Drugs (NSAIDs). But this line of treatment is not adequate for pain relief nor deceleration in disease process. And non steroid anti inflammatory medicines causes many side effects.^[3] Hence here is a great need to find effective management in *Sandhigata Vata*. The line of treatment in the study is based on the *Chikitsa Sootra* (recommendation) from classical books of *Sandhigata*

Vata (osteoarthritis). A *Ayurvedic* therapy in treating a disease is being used in JIAR Hospital is providing good relief to the patients with *Sandhigata Vata*. In this case study, a male patient with *Sandhigata Vata* was prescribed for different local and systemic therapy along with palliative (*Shamana*) treatment. This resulted in recovery in symptoms.

MATERIALS AND METHODS

Place of study – OPD and IPD of Department of Kayachikitsa, Jammu Institute of Ayurveda and Research college and hospital Nardani Jammu, J&K, India.

Type of study – A single case study.

A CASE REPORT

A male patient of 58 years old, Admitted 24 August 2023 in Jammu Institute of Ayurveda and Research College and Hospital, Jammu.

- OPD No. - 2802

PRADANA VEDANA EVAMAVADHI

Patients complaints of pain in the left knee joint associated with swelling since 3 months. Increased since 10 days.

ANUBANDHA VEDANA

Generalized body pain and heaviness of body.

PRADHANA VEDANA VRUTTANTA

Patient was apparently alright 3 months back. Suddenly while lifting load, he developed pain in left knee joint and was marked swelling with crepitus on left knee.

For that he consulted allopathic physician and was advised medicines i.e tabdiclofenac, tab calcium and vitamin D was given for one month. During the course of medicine he found relief so he continued daily activities.

Two months later while doing work in shop pain again reoccurred in left knee and was swolled hugely. Because of which he was unable to do daily activities. So for that he consulted in JIAR and admitted on 24-08 - 23.

PRAKOPAK KARAN

- On standing continuously for more than 1 hour.
- On walking long distances. Sitting prolong in lapping position.

SHAMAK KARAN

On rest (lying on bed in supine posture) Hot water bath

PURVA VYADHI VRUTTANTA

No history of RTA, Fracture, Injury, etc

- History of *Ksharasutra* of Fistula in ano 5 years back
- NO H/O T2DM, HTN.

CHIKITSA VRUTTANTA

- Tab. Calcium 500 mg for 2 months.
- Tab. Diclofenac 100 mg OD for 2 weeks
- Tab. Vitamin D 50000 IU for 2 months.

SAMAJIKA VRUTTANTA

- He belongs to middle class family.

KAUTUMBIKA VRUTTANTA

- There are 4 members in his family, including he, his wife, and his 4 years of daughter and 8 years of son
- No positive family history for her present complaints, all members are said to be healthy.

VYAVASAYA VRUTTANTA

Patient is a shopkeeper and works in a shop 5 days in a week. Duration of work: 10 hours

Nature of work: works by lifting the goods and sitting in lapping position.

VAYAKTIKA VRUTTANTA

- Diet: Non vegetarian
- Appetite: *Prakruta*

Micturition regular (4-5 times / day; night - once, No burning sensation or pain during micturition)

Defecation regular (1 time in a day, normal consistency)
Sleep: He sleeps at 10 pm, wakes at 5 am (due to pain it takes time to fall asleep, once slept it is sound)

Habbit: Alcohol 2-3 times in a month.

VITAL SIGNS

- PULSE: 100 bpm
- B.P: 110/80 mmHg
- TEMPERATURE: Afebrile
- RESPIRATORY RATE : 14 times / min

SAMANYA PAREEKSHA

- Consciousness: Awake, Alert and Responsive
- General appearance: ill looking
- Built: Endomorphic
- Pallor: absent
- Icterus: absent
- Cyanosis: absent
- Clubbing: absent
- Oedema localized in left knee joint
- Lymphadenopathy: absent
- Gait: altered (antalgie)

ASTAHSTHANA PARKEESHA

- *Mutra*: *Prakruta* (4-5 times/day; night - once)
- *Mala*: *Prakruta* (1 times a day, normal consistency)
- *Jihwa*: *Alipta*
- *Shabda*: *Vikruta* (crepitus in left knee joint)
- *Sparsha*: *Vikruta* (tenderness in left knee)
- *Druk*: *Prakruta*
- *Akruti*: *Madhyama* (BMI - 30)

DASHAVIDHA PAREEKSHA

1. *Prakriti Vata kaphaa*
2. *Vikriti Vata*
3. *Sara: Madhyama*
4. *Samhanana: Madhyama*
5. *Pramana: Height: 158 cms, Weight : 75 kg*
6. *Satmya Sarvarasa satmya*
7. *Satva: Madhyama*
8. *Ahara sakti: Madhyama*
9. *Vyayama sakti: Pravara*
10. *Vaya: Praudha*

SYSTEMIC EXAMINATION**LOCOMOTOR EXAMINATION**

- Tenderness: Present
- Temperature: Normal
- Crepitus: Present on left knee joint

RADIOLOGY FINDING**X-RAY OF KNEE JOINT****X RAY SHOWS**

- Articular surfaces are smooth and regular.
 - Joints spaces are markedly reduced.
 - Soft tissue around the joints shows swelling.
- Impression: The above features are suggestive of osteoarthritis of both knee joi

CRITERIA FOR ASSESSMENT

- *Sandhi Shula*
- *Sandhigrah (Joint Stiffness)*
- *Sandhi Shotha/ Swelling*
- *Sandhisphutana/ Crepitus*

TABLE NO. 1

PANCHKARMA
JANUBASTI WITH MAHANARAYANA TAILA + KSHEERABALA TAILA FOR 15 DAYS FOLLOWED BY NADI SWEDA WITH DASHMOOLA KWATHA
AVAGAHA IN DHANWANTRI + NIRGUNDI TAILA FOR 15 DAYS
UPANAHA WITH SHIGRU LEAVES FOR 15 DAYS

- Range of movement: Decreased
- Gait: Antalgic
- Varus stress test: Positive
- Valgus stress test: Negative
- Patellar grindling test: Positive
- Patellar tap: Negative
- McMurray test :Could not elicit due to pain

RESPIRATORY SYSTEM AEBE – Clear

CARDIOVASCULAR SYSTEM S1S2 – Normal

GASTROINTESTINAL SYSTEM Not Any Deformity (NAD)

CENTRAL NERVOUS SYSTEM At the time of admission patient was conscious and well oriented and all the sensory and motor system are well functioning.

Provisional Diagnosis

Janu Sandhigata Vata, Ama vata, Janu shola

Differential Diagnosis - *Janu Sandhigata Vata, Ama vata, Janu shool*

Diagnosis - *Janu Sandhigata Vata*

Prognosis – *Sadhya*

CHIKITSA**Treatment plan**

Duration of treatment – 15 days

TABLE NO. 2

SHAMANA AUSHADI
MAHAYOGRAJ GUGGUL 500 mg BD WITH LUKEWARM WATER AFTER MEALS FOR 15 DAYS
TAB. ASTHIPOSHAK 1 OD WITH MILK AFTER MEAL FOR 15 DAYS
CAP. SHALLAKI 400 mg 1 BD AFTER MEAL FOR 7 DAYS
SHAD DHARANA CHURANA 5 gm OD WITH LUKEWARM WATER FOR 10 DAYS

JANUBASTI

Janu basti Materials required

- | | |
|--|-----------------------|
| 1. Black gram flour – 800 gm | 4. Bowl – 1 |
| 2. Mahanarayana taila, ksheerbala taila and Dashmoola kwatha– Q.S. | 5. Spoon – 1 |
| 3. Vessel – 1 | 6. Cotton – Q.S. |
| | 7. Water – Q.S. |
| | 8. Hot water bath – 1 |

**JANU BASTI PATHYA - APATHYA**

PATHYA: AHARA: Godhuma, Masha, Raktashali, Draksha, Badara, Madhuka, Ushnajala.

VIHARA: Atapa Sevan.

APATHYA AHARA Yava, Chanaka, Gadarbha Dugdha, Sheetajala, Naveena Madya, Shushka.

VIHARA: Chinta, Ratrijagarana, Vega Sandharana, Chankramana.

RESULTS

TABLE NO. 3.

AFTER 15 DAYS OF PANCHKARMA	AFTER MEDICATION OF 15 DAYS
PAIN IS DECREASED BY 50-60%	PAIN DECREASED, NOW ONLY 20% LEFT
SWELLING DECREASED BY 70-80 %	SWELLING REDUCED
STIFFNESS DECREASED BY 80%	STIFFNESS REDUCED
CREPITUS DECREASED BY 70-80%	NO CREPITUS
VARUS STRESS TEST: NEGATIVE	
PATELLAR GRINDLING TEST: NEGATIVE	

DISCUSSION

Osteoarthritis is types of chronic degenerative joint disorder which is characterized by breakdown of joint cartilage and underlying bone. The most commonly affected is the weight bearing and largest joints of the body like hip joint, knee joints, shoulder joint, etc. the most common symptoms are joint pain and stiffness usually the symptoms progress slowly over years. This patient present case study, patient initially has severe joint pain with swelling and palpable crepitus. Diagnosed case of knee osteoarthritis left knee joint. These clinical symptoms are closely related to *janu sandhi gata vata*. Sandhigata vata is a described as a *Vatavyadhi* in all *Samhita & Sangrahasagrantha*. Various *Aharaja*, *Viharaja*, *Mansika Sharirik Nidan* are mentioned in *Vatavyadi prakrana*. *Sandhi gata vata* specially occurs in *Vridhdha avastha* in which *Dhatukshaya* take place which leads to

Vata prakopa. In between *Vata* and *Asthi Ashraya Ashrayi Sambandha*. That means *Vata* is situated in *Asthi*. Vitiated *Vata* destroy *Sneha karam* because *Vata guna* is just apposite to *Snehana gunas*. Due to diminished *Sneha kha-vaigunya* occurs in *asthi* which is responsible for the cause of *sandhigata vata* in weight bearing joints especially in knee joints, *Snehana* mainly act against *Ruksha guna* caused by *vata* and *swedna* mainly act against *Sheeta guna*. In *Sandhigata vata* mainly vitiated *Vatadosha Ruksha guna*. So For this we can use *Mahanarayana taila* and *Ksheerbala taila* having *Vata shamak* and *Vedanaasthapan, balya*, *shothara* properties.

Mahanarayana taila – It is mentioned in *Bhaishajya Ratnavali*, *Vatavyadhi chikitsa prakarana*. It is a medicated oil prepared by using *tila taila* (sesame oil) as

a base and processed in several medicinal herbs. It is indicated in *Sakhashrita vata* and *Vata vriddhi*.^[7] It has anti-inflammatory and analgesic activities. It relieves pain and stiffness of joints. It provides nourishment to the joints and restores normal joint function.

Mahayogaraja guggulu – It is a herbo-mineral preparation. It is indicated in *Vata roga*. It acts as a rasayana (rejuvenative).^[8] It has anti-inflammatory, analgesic, anti-arthritis and muscle relaxant activities. It helps to reduce pain, swelling and stiffness of joints

Asthiposhak- Asthiposhak is a calcium supplement it is a good source of natural calcium. Calcium supplementation can play a valuable role in bone healthy throughout the life style it is work as an anti-inflammatory. Asthiposhak contain kukkutandatvak bhasma, Asthisankhrala, Arjuna, Shuddhalaksha, Amlaki, Aswagandha, Gudduchi, Shudha guggul, Bala, Babboola kwath.

Shallaki possesses tikta, Madhura, and Kashaya rasa; guna of shallaki is ruksha laghu and tikshna vipaka is katu; virya is ushna; doshkarma kapha pitta shamaka. It is an herbal analgesic and anti-inflammatory and painkiller it also prevent loss of cartilage main contain *Boswellia serrata* extract.^[6]

In this case study patient initially has severe joint pain with swelling over the joint .after two session of Janu basti this symptom is significant relieved? Palpable joint crepitus also reduced after janu basti. Pain and tenderness is very extensive feature of Janu santhi gata vata. After two session of Janu basti this symptoms is significant alleviated. Nadi swedana is one among the thirteen types of Swedana indicated in the treatment of *Vata vyadhi*.^[4] In this case study swelling and tenderness over the left knee joint is completely relieved after Janu basti followed by Nadi swedana with Dashmoola kwtha. It may be due to the effect of Dashmoola because herbs included in Dashmoola Shothahara property.^[5]

CONCLUSION

Janu sandhi gata vata (knee osteoarthritis) is a debilitating affecting day to day activities. It is very prevalent musculoskeletal diseases in elderly people. It is chiefly caused by vitiated *Vata dosha*. This case study concludes that *Mahanarayana taila* and *ksheerbala taila janubasti* followed by *Dashmool kwath Nadi swedana*. The treatment should be cost effective, comfortable for the patient and nil or minimal side effect. The present case study sets an example in management of osteoarthritis of knee joint. It can improve quality of life of the patient

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