



# Ayurvedic Management of Janusandhigataavata-A Case Report

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## ABSTRACT:

*Janu Sandhigataavata* is the commonest age related degenerative joint disorder. It is manifested by *shoola*, *shotha*, *vatapoornadhrita sparsha*, *prasranaoyakunchanayu savedana* and *atopa*. It can be correlated to osteoarthritis. Contemporary management of osteoarthritis has limited effect on the diseases. But detailed explanation of ayurvedic management of *sandhigata vata* is proved to be very effective. In this case study treatment modalities like *janubasti* along with *shamana aushadi* were administered for 30 days and follow up was done after 40<sup>th</sup> day of treatment. Significant results were found in improvement of *janusandhigata vata* symptomatically.

**Key words** – *Janusandhigata vata*, knee osteoarthritis, *Janu basti*, *Shamana chikitsa*

## Introduction:

*Sandhigataavata* which is the most common *vatavyadhi* which was explained in *vatavyadhi chikitsa*, where vitiated *vata* gets localized in *sandhi* producing the symptoms like *shotha* (swelling of joints), *vatapoorna dhriti sparsha* (which is palpable as air filled bag) *prasrnyoakunchayo savedana* (pain on flexion and extension of the joints).<sup>1</sup> The treatment principles explained in our classics are *daha karma*, *snehana* and *upanaha karma*.<sup>2</sup> *Acharya sushruta* explains the *agnikarma*, *bandhana*, *unmardana*, for treatment of *sandhigata vata*.<sup>3</sup> *Acharya charaka* gives common line of treatment for *vatavyadhi* which includes *snehana*, *swedana*, *basti*, *mridu shodhana* etc. *snehana karma* in the form *abhyantara* and *bahya snehana* are done in *sandhigata vata*.<sup>4</sup>

Osteoarthritis of knee joint is degenerative non inflammatory joint diseases. Its high prevalence especially in the old age is leading cause for disability in elderly. Obesity is the major risk factor which is the cause for increase in prevalence of knee osteoarthritis. The overall prevalence of knee osteoarthritis was found

to be 28.7% in india.<sup>5</sup>The prevalence of knee osteoarthritis increase with age and with an ageing population,the effect of the disease will represent that an ever increasing burden on health care. Globally knee osteoarthritis is the 4<sup>th</sup> most significant cause of incapability in women and 8<sup>th</sup> in men<sup>6</sup>.

OA is disorder of cartilage degradation,synovial inflammation,osteophyte formation,thinning of joint space and subchondral sclerosis. OA lead to pain, disability as difficulty to do day to day activities.<sup>7</sup> Contemporary medical science aim to give symptomatic relief of pain by analgesics including NSAIDS or knee joint replacement therapy in end stage. But these medications have so many side effects like NSAIDS induce gastritis,gastric ulcer etc. So an effective management is needed to repair and strengthen the cartilage and prevent further degeneration.<sup>8</sup>

In present case study the role of combined effect of *Janu basti* along with *shamana aushadi* are selected for the management of *janusandhigata vata*. *Janubasti* type of *snigdha sweda* which pacify the *vata dosha* and with *shamana oushadi*, *Swyambhuva guggulu* which acts as *shulahara,shothahara*,and also does the *vatashamana* and helps in reduction of signs and symptoms of the diseases.

## Case Report:

### Chief complaints –

A 61-year female patient reported to kayachikitsa OPD BVVS Ayurveda Medical College and Hospital, Bagalkot on 13/7/2022 with OPD NO2231805 with pain in both knee joint since 4 years.

### History of present illness:

Patient was apparently normal before 4 years, later she gradually developed pain in both knee joint. The pain was aggravated while climbing the stairs. She found difficulty in walking and standing for long period of time then after 2 years of development of pain she developed morning stiffness which last for 10 min and subsides by itself and restricted movements of both knee joint along with mild swelling. Pain got relieved by rest and hot compression. Even she took allopathic treatment (analgesics) and got symptomatic relief, there after symptoms reoccurred once she stopped the medication. So, she came to our hospital for better management through ayurveda.

**History of past illness:** History revealed that patient is non hypertensive, non-diabetic, no surgical history and other systemic disorders.

### Treatment history:

Tab Diclofenac and Diclo gel (E/A)

### Family history:

No family history related to above complaints

### Personal history:

Diet: *Ahara*: Vegetarian especially *katu rasa* and *ruksha aharaa*

*Vihara*: Excessive household works and works in field

Appetite-Good

Bowel -Regular (2 times /day)

Micturition -Normal (6- 8 times /day)

Sleep-Sound sleep, but disturbed when pain is more

Habits – Tea / Coffee 2times /day

**Samanya pareeksha –**

Built – Moderately built

Nourishment -Moderate

Pallor -Absent

Icterus- Absent

Cyanosis- Absent

Clubbing -Absent

Edema – Mild swelling over both the knee joint

Lymphaedenopathy -Absent

**Vital Examination:**

B.P-130/90mmHg

R.R-20 times /min

Temp:98.6F

Ht -5.4

Wt-68 kg

**Astavidhapareeksha :**

*Nadi : Vata-kaphaja*

*Mala: Regular 2 times/day*

*Mutra -Prakruta 5- 8 times / day*

*Jihwa -Alipta*

*Shabdha -Crepitus heard over the knee joint*

*Sparsha – Anushna sheeta*

*Drik -Prakruta*

*Akruti – Madhyama*

**Dashavidha pareeksha –**

*Prakruti – Vata- kaphaja*

*Vikruti – Dosha: vata- kapha*

*Dushya -rasa ,asthi majja : upadhatu : sira ,snayu, khandara*

*Sara- Madhyama*

*Samhana – Madhyama*

*Satmya – Sarvarasa satmya mainly katu rasa*

*Satva -Madhyama*

*Pramana- Madhyama*

*Aahra shakti-*

*Abhyavarana shakti – Madhyama*

*Jarana shakti- Madhyama**Vyayama shakti- Madhyama**Vaya – 61 yrs***Systemic examination –**

C.V – S1 and S2 heard, no added sounds

R. S – NVBS are heard

C.N.S -Conscious and oriented

P/A- soft, non-tender, No organomegalay

**Local examination:**

	<b>Right knee joint</b>	<b>Left knee joint</b>
<b>Inspection</b>	No scar mark,redness and deformity. Mild swelling(39cm)	No scar mark,redness and deformity Mild swelling(40cm)
<b>Palpation</b>	No rise of local temperature Tenderness along the joint margin	No rise of local temperature Tenderness along the joint margin
<b>R.O.M</b>	Restricted and painful	Restricted and painful
<b>Flexion</b>	110 degree	90 degree
<b>Extension</b>	-----	-----

**Assessment criteria:**

Goniometer examination scales for R.O.M .

Swelling of knee joint measured with measuring tape

**TREATMENT PLAN**

<b>Treatment</b>	<b>Route</b>	<b>Medicine</b>	<b>Duration</b>	<b>No of days</b>							<b>Anupana</b>
				1	2	3	4	5	6	7	
<b>Janu Basti</b>	<b>External</b>	<i>Vatari Taila</i>	45 mins								----
<b>Internal Medicine</b>	<b>Internal</b>	<i>Swyambhuva Guggulu Vati</i>	500mg 2BID	30 days							Sukoshana Jala

**Janu Basti:**

**Materials required:** Black gram flour – 800 gm 2. *Vatari taila* – Q.S. 3. Vessel – 1 4. Bowl – 1 5. Spoon – 1 6. Cotton – Q.S. 7. Water – Q.S

**Procedure:** At first thick dough from black gram flour was prepared by adding sufficient quantity of water. Patient was advised to lie on the table in supine position with knee extended. Then a circular boundary was made around the knee joint by using the thick dough. Proper sealing was done to avoid the leakage of oil. *Vatari taila* was taken in a bowl and made warm by keeping it on a hot water bath. After ensuring the tolerable temperature, oil was poured inside the constructed circular boundary carefully. The temperature of oil was maintained throughout the procedure. For this purpose oil from the pool was removed at regular intervals by using cotton and replaced by warm oil. *Janu basti* was carried out for 45 minutes. After that oil was drained out and circular boundary was removed. *Abhyanga* was done over the knee joint after *Janu basti* followed by *Nadi swedana* was given over the knee joint.

**Gradings for assessing the subjective and objective parameters:<sup>9,10</sup>**

#### ASSESEMENT

Sl.	Scoring Assessment	G0	G1	G2	G3	G4
1	<i>Sandhi Shoola</i> (Joint pain)	No Pain	Mild pain	Moderate pain but no difficulty in walking	Slightly difficulty in walking due to pain	Severe difficulty in walking due to pain
2	<i>Sandhi Shotha</i> (Joint swelling)	No Swelling	Mild Swelling	Moderate Swelling	Severe Swelling	–
3	<i>Sandhi Stabdhata</i> (Joint stiffness)	No Stiffness	Mild Stiffness	Moderate Stiffness	Severe stiffness more than 15min	–
4	<i>Sandhi Atopa</i> (Crepitus)	No Crepitus	Palpable Crepitus	Audible Crepitus	Always audible Crepitus	–
5	<i>Sandhi Vedana</i> on <i>Prasarana Akunchana</i> (Goniometer) <sup>10</sup>	135 <sup>0</sup> - 115 <sup>0</sup>	115 <sup>0</sup> -105 <sup>0</sup>	105 <sup>0</sup> -95 <sup>0</sup>	95 <sup>0</sup> -85 <sup>0</sup>	-

**Observation of subjective and objective parameters in the present case study are given below:**

Research Through Innovation



**SUBJECTIVE PARAMETERS:**

Complaints	Before treatment / 1 <sup>st</sup> day		On 15 <sup>th</sup> day		After treatment (31 <sup>st</sup> day)		On F/U 40 <sup>th</sup> day	
	Right	Left	Right	Left	Right	Left	Right	Left
Janu Sandhi Shoola	G3	G3	G2	G2	G1	G1	G1	G1
Janu Sandhi Shotha	G1	G1	G0	G0	G0	G0	G0	G0
Janu Sandhi Stabdhatta	G1	G1	G0	G0	G0	G0	G0	G0
Janu Sandhi Atopa	G2	G2	G1	G1	G1	G1	G1	G1

**OBJECTIVE PARAMETERS:****Prasarana Akunchanayascha Savedana(Range of Movement)**

Grading (Goniometer)	Before treatment (1 <sup>st</sup> day)		On 15 <sup>th</sup> day		After treatment (31 <sup>st</sup> day)		On F/U 40 <sup>th</sup> day	
	Right	Left	Right	Left	Right	Left	Right	Left
Grade0								
Grade1			√	√	√	√	√	√
Grade2	√	√						
Grade3								

**Discussion**

*Sandhigatavata* is one among the *vatavyadhi*, affecting the *sandhi*. *Sandhigatavata* is caused by morbid *vatadosha*, though sometimes *kapha dosha* may also be associated with *vatadosha* which does the *shoshana* of *sleshaka kapha* situated in *sandhi* and it is more evident in *asthi dhatu* as *asthi* and *vata* are having *ashrayaashryisambhandha*. It clinically presents as *shotha, shula, stabdata and sadhisputana*. In *Ayurveda, chikitsa* is described as *Samprapti Vighatana* (breaking of pathogenesis is treatment). For breaking the *Samprapti* (pathogenesis) of *Janu sandhigatavata*, *Ushna* (hot), *Kapha Vatahara*, *Deepana* (appetizer), *Pachana* (carminative), *Sothahara*, *Vedanasthapana*, *Balya* and *Rasayana Dravyas* are useful. In the present study, *Janu basti* and *Shamana chikitsa* were administered for the management of *Janusandhigata vata*.

*Janu basti* is a type of local therapy and highly beneficial in a case of *Janusandhigata vata*. It acts as *bahya snehana* and *swedana karma*. It has different benefits which are as follows. It pacifies aggravated *vata dosha* in the knee joint. It restores the lubricating fluid in the joint and maintain integrity of the structures involved in the

joint. It alleviates pain, swelling and stiffness in knee joint. It protects knee joint from age related changes. It increases blood circulation, thus strengthens and nourishes the knee joint and improves the mobility of knee joint.

In this case study *vadari taila* was used for the *janu basti* which is mentioned in *Gadanigraha*.<sup>11</sup> As it is mainly indicated in all type of *vataroga*. *Tila taila* as its base and processed with *vatahara* drugs like *nirgundi, agnimantha, eranad, guggulu, agnimantha* etc. It acts as mainly *vedanasthapana, vataghna* and anti-inflammatory and analgesics in activity.

In *shamana chikitsa swyambhuva guggulu* was selected which is mentioned in *Vangasena vatavyadhi chikitsa* which does *vatashamana*.<sup>12</sup> It is *tridoshashamaka* that to *vata-kaphahara, shulahara, vedanasthapana, and shothhara, deepana* and *pachana*. It consists of *chitraka, lavanatraya, ksharadwya, shunti, triphala, jeerakadwya, shunti, triphala, jeerakadwya, guggulu* which are *vata-kaphahara* in action. These drugs mainly having *tikta, katu rasa, teekshna guna* and *ushna veerya* and *vatakaphanashaka* in action. It does the *shulahara* and *shothahara* and digests the *amarasa* and removes the obstruction in *srotas* and its *ushna veerya* subsides the vitiated *vata dosha*. Hence pain, swelling, tenderness and stiffness of joint reduced.

## Conclusion

*Janusandhigata vata* is one of the common types of *sandhigata vata*. This disease produces degenerative changes in knee joint. It affects day to day life badly and deteriorates the quality of life. It can be managed by proper ayurvedic treatment. In this case, patient got relief by administration of *janu basti* and *shamana chikitsa*. There were no adverse effects noticed during treatment. Hence, it may be concluded that *janu basti* and *shamana chikitsa* are very effective in the management of *janusandhigata vata*.

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