

ROLE OF NIRGUNDI TAILA JANUBASTI IN JANU SANDHIGATA VATA**Wadhwa Ritu. S¹, Ghore Jaya.K²**¹M.D (Kayachikitsa) Professor Panchakarma²M.D (Kayachikitsa) Associate Professor Panchakarma^{1,2}Department Of Panchakarma , D.Y Patil School Of Ayurveda, Nerul, Navi Mumbai, Maharashtra. India**ABSTRACT**

Sandhigata vata is most common joint disorder world wide especially amongst the elderly and obese person. To overcome this problem patients take regular medicines, NSAIDS, analgesic drugs but donot achieve good health. Since there is no disease modifying osteoarthritis drug. This trial is carried out to fulfil the deficit of modern medicine. As Acharya Charak has described bahiparimarjan chikista for various diseases. Janu basti (external oleation) is the one type of bahiparimarjan chikista . To prove its efficacy on janusandhigata vata 6 patients were selected with classical symptoms of janu sandhigata vata from Panchakarma OPD of Dr.D.Y.Patil College of Ayurved & Research Institute Nerul. Two course of Nirgundi tail janubasti was planned, 1st course for 7 days after a gap of 1 week again 2nd course was repeated for 7 days. Assessment of result was done on the subjective and objective parameters. . Significant changes were observed in subjective & objective parameters.

KEY WORDS - *Nirupstambhit janusandhigata vata, janu basti, nirgundi oil, bahiparimarjan chikista*

INTRODUCTION

The life of human has become mechanical. Sandhigata vata is a common vata predominant disorder nowadays. It begins asymptotically in 2nd & 3rd decade of life . 90% of all people have radiographic features in the weight bearing joints mainly the knee joint by the age of 40. In sandhigata vata mostly janusandhi and some other major joints i.e. hip, knee, shoulder etc. are involved. Out of these janu sandhi is commonly involved since it is weight bearing joint. Janu sandhigata vata is caused by 2 factors- i.e. a) Avarana janya b) Dhatu kshaya janya. In this trial **dhatukshaya janya sandhigata vata** was taken, which is also known as **nirupstambhit janu sandhigata vata** (osteoarthritis).

There is no treatment available which can prevent or reverse or block the disease process. The disease is managed by NSAID'S, analgesic drugs, physiotherapy & corticosteroids etc. These drugs are very costly & cause unwanted side effects. Even the surgical treatment does not provide complete relief.

Acharya Charak has mentioned common treatment for vatavyadhi i.e. repeated use of snehan & swedana, Basti & mrudu virechan⁽¹⁾ while acharya Sushrut has mentioned the treatment for sandhigata vata clearly as snehana, upanaha, agnikarma, bandhana & unmardana⁽²⁾ Acharya Vagbhat has also mentioned snehan, swedan and mrudu samshodhan in vataj vyadhi⁽³⁾

Role of janu basti in janu sandhigata vata is based on Bahiparimarjan chikista advocated by acharya Charak (Ch.su.11/55)⁽⁴⁾

In this trial 6 patients were selected from Panchakarma OPD of Dr.D.Y.Patil Ayurved College & Hospital Nerul, Navi Mumbai. After complete examination patients were advised to undergo Janubasti with nirgundi tail for 7 days. And after gap of one week second course of Janubasti was given for 7 days. Significant changes were observed in subjective & objective parameters. Subjective parameters included⁽⁵⁾ i.e. (1) Vatapur-nadrutisparsha. (2)shotha (3)shool.(4)Akunchana prasarana janya vedana.

AIMS & OBJECTIVES:

Aims: To study the management of nirupastambhit janusandhigata vata with nirgundi taila janu basti.

Objectives:

1. To study the efficacy of nirgundi taila janu basti in janusandhigata vata.
2. To study the action of janu basti in janusandhigata vata.

MATERIAL & METHOD

1) Selection of patients: Patients were selected randomly with symptoms of janusandhigata vata irrespective of their age, religion, & sex etc. Patients were then subjected to detailed clinical history on the basis of specially prepared case proforma.

Inclusion criteria:

1. Patients with pratyatmak lakshana of nirupastambhit janusandhigata vata were selected.
2. Age between 40 to 70 yrs were included.

Exclusion criteria:

1. patients suffering from diseases like amavata, vatarakta & kroshtukshirsha were excluded.

2. patients with condition like AID'S, tuberculosis, uncontrolled diabetes mellitus, uncontrolled hypertension and pregnancy were excluded.
3. patients with secondary osteoarthritis of diseases such as rheumatoid arthritis, malignancy & trauma were excluded.

Material: Collection of following materials are required for the smooth execution of the procedure.- masha(black gram flour) 500gm

Nirgundi oil 300ml

Fiber yantra(ring), cotton one small bundle.

METHOD (janu basti procedure):

First masha pishti was prepared by adding adequate quantity of water to the black gram flour. Patient was asked to sit erect and extend the lower limb on the table comfortably. The affected knee was exposed properly. Then the fiber mantra(janubasti yantra) was placed over the janu sandhi. The gap between ring and patient's skin was properly sealed with black gram paste. It prevents the leakage of medicine retained in the cavity. The height of the janubasti yantra was 4angula. The bowel containing nirgundi oil was heated indirectly by keeping over hot water. Then gently heated luke warm oil was poured slowly and carefully on the janusandhi along the side of the bastiyantra. The heat of the oil was sufficient enough (.45°C) to be tolerated by the patient. The level of oil was 2angula above the highest point inside the cavity. As time passes the oil gets cooled and it is replaced with the heated oil every 5minutes so that the constant temperature was maintained through out the procedure. This procedure was carried out for 35minutes. After the specified time nirgundi oil was removed from the basti yantra and then basti yantra was removed. After remov-

ing the dravya and basti yantra massage was done in circular motion for 5 min. covering the whole aspect of knee joint.



Duration:- First course for 7days after gap of 7days second course again for 7days.



CRITERIA Of ASSESSMENT:

SUBJECTIVE PARAMETERS:

1. Vatapurnadrutisparsha (crepitation)
2. shotha (swelling)
3. shool (pain)
4. Akunchana prasarana janya vedana.(pain during extension & flexion of joint)

OBJECTIVE PARAMETERS:

- 1) X- ray of knee joint
- 2) Womac grading.

GRADATION CHART FOR SUBJECTIVE PARAMETERS:

1. Vatapoornadrutisparsha (crepitation)
 - No crepitus- 0
 - Palpable crepitus-1
 - Audible crepitus-2
 - Always audible crepitus - 3
2. Shotha (swelling) in joint
 - No swelling- 0

- Slight swelling- 1
 - Moderate swelling-2
 - Severe swelling-3
3. shoola (pain)
 - No shoola – 0
 - Mild shoola – 1
 - Moderate shoola – 2
 - Severe shoola – 3
 4. Akunchan prasaranjanya vedana
 - No pain-0
 - Pain without winching of face-1
 - Pain with winching of face-2
 - Prevent complete flexion-3

Statistical analysis : On the basis of subjective parameters (symptoms) & objective parameters (womac grading) statistical analysis was done by Wilcoxon signed rank test method and following results were obtained..

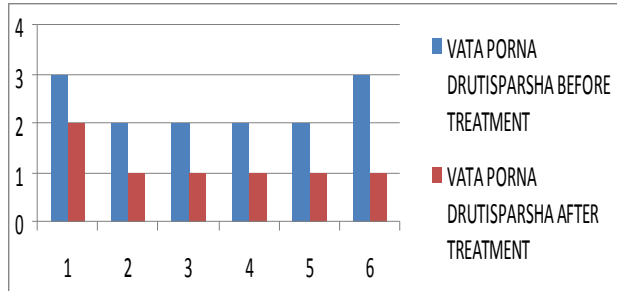
SUBJECTIVE PARAMETERS:

SYMPTOMS	MEAN BT	MEAN AT	% RELIEF	S.D	S. E.	T VAL-UE	P VAL-UE
VATA PORNA DRUTISPARSHA	2.33	1.17	50	0.408	0.25	17	0.0009
SHOTH	1.5	0.17	89	0.816	0.53	33	0.0103
AKUNCHAN PRASARANJ-	2.17	1.17	46	0.632	0.3873		0.0117

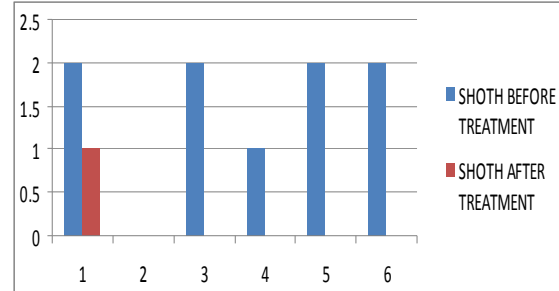
NYA VEDANA				5	26		
SHOOLA	2.5	1	60	0.547	0.	6.708	0.0011
				7	22		

p < 0.0001 in all the four symptoms which is highly significant and hence the treatment is said to be effective.

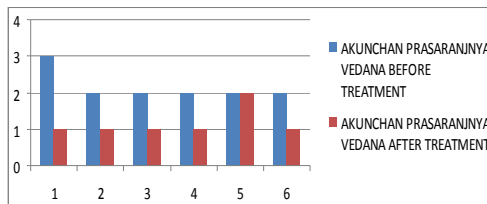
VATA PURNA DHRUTI SPARSHA



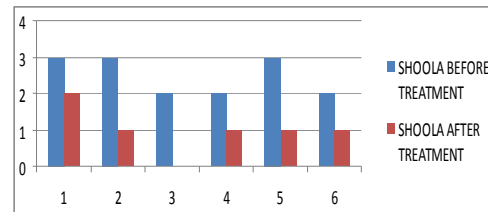
SHOTHA



AKUNCHAN PRASARANJNYA VEDANA



SHOOLA

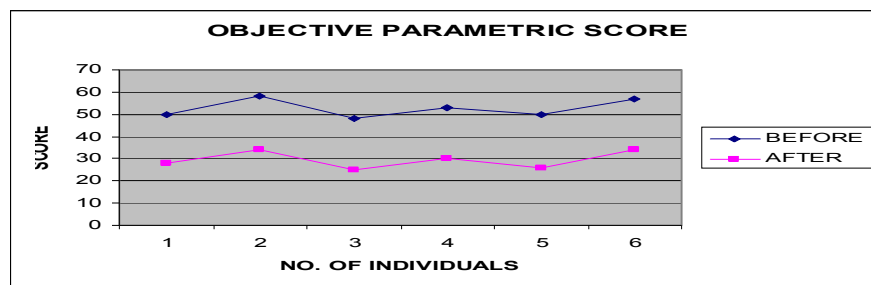


OBJECTIVE PARAMETER

MEAN BT	MEAN AT	% RELIEF	S.D	S.E.	T VALUE	P VALUE
52.67	29.5	44	0.7527	0.31	75.3879	0.0313

Using the Wilcoxon Signed rank test, the p-value is 0.0313 and hence we can say that the treatment was effective for the objective parameters. Also using the “paired t test”,

we get p < 0.0001(t cal =75.3879) which is highly significant and hence the treatment is said to be effective.



RESULT

It was observed that the nirgundi taila janubasti was very much beneficial to reduce the intensity of vataporna drutisparsha,

shoth, shula, prasaran, akunchan vedana. The effect was long lasting after followup also.

The Womac scale showed marked improvement after the treatment. Amongst the 6 patient with the nirgundi taila janubasti 4

patient got excellent relief & 2 got moderate relief statistically. No significant changes were observed in X ray finding.

DISCUSSION & CONCLUSIONS

Sandhigata vata is described as a vatavyadhi in all samhitas & sangrahas. Various aharaja, viharaja, manasika, & other vata-prakopaka Nidan are mentioned in detail which causes vatavyadhi.

Sandhigata vata specially occurs in vriddha avastha in which dhatukshaya takes place which leads to vata prakopa. Vata & asthi have ashraya ashrayi sambandha. That means vata is situated in asthi. In vriddha avastha increased vata diminishes the sneha from its asthi dhatu by its opposite qualities to sneha. Due to diminution of sneha, kha vaigunya(rikta srotas) occurs in asthi which is responsible for the cause of sandhigata vata in the weight bearing joints especially in janusandhi causing janusandhigata vata.

Janu basti is kind of bahya snehan and swedan procedure. Snehan mainly acts against ruksha guna caused by vata and Swedan mainly act against sheeta guna. It also reduces Stambha and Gauravta.

Nirgundi has Vatashamak and Vedanasthapana property.⁽⁶⁾ Shoola (pain) was subsided due to shaman of vata which is prime reason for shoola. Joint stiffness is reduced by ushna veerya of nirgundi and warmth produced during the procedure. Thus reduced in pain and stiffness improves the gait of patient. Janu basti with Nirgundi taila has Snigdha property that would have lead to the reduction in crepitus which is caused due to Ruksha guna of Vata.

Acharya Charak has advocated use of nirgundi in vataj vyadhi as follows⁽⁷⁾

Nirgundi tail is used in vataj vyadhi for massage & puran, here in janu basti this oil is used as puran (retention of oil). In nirgundi tail janu basti oil is absorbed through skin & produce an action according to the properties of nirgundi⁽⁸⁾. Nirgundi has vedana sthapana, shothahar & rasayan properties. This helps in vata shaman and nourishes dhatu due to its brimhan property. Because of shoolahara and shothahara effects of nirgundi tail upashaya occurs. Janusandhigata vata being a vataj vyadhi with dhatukshaya as its resultant, Snehan would be an ideal line of treatment. Janu basti may act as Snehan and Swedan, since in this disease vata is predominant so as degeneration. Kshaya of snehadi guna is seen. Snehan helps in bringing back the sthanik kapha dosha to normalcy due to its similarities in its gunas. As Bahi-parimarjan Chikitsa Nirgundi taila janu basti has shown significant results but to check the reoccurrence of the symptoms Antah parimarjan chikitsa should be added.

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CORRESPONDING AUTHOR

Dr.Wadhwa Ritu. S

M.D (Kayachikitsa)

Department Of Panchakarma , D.Y Patil School Of Ayurveda, Nerul,Navi Mumbai, Maharashtra. India

E-mail-rituwadhwa21@gmail.com
