

ROLE OF JANU DHARA AND UPANAHA SWEDA IN THE MANAGEMENT OF SANDHIGATA VATA W.S.R OSTEOARTHERITIS – A SINGLE CASE STUDY

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ABSTRACT

Sandhigata vata is a type of *vatayadhi* which mainly occurs in old age due to *Dhatukshaya*. It may be correlated to osteoarthritis resemblance in sign and symptoms. *Sandhigata vata* is one Among the crippling disorder affecting the locomotor system by deranging the major joints of The body presenting with *Sandhishoola*, *Vata purna druti sparsha*, *sotha*, *prasarna Ankunchana vedna*, and *Sandhi Atopa* which similar with The osteoarthritis and similar Features such as pain, stiffness, tenderness, swelling in joints, crepitus and difficulty in Movement. *Vata dosha* play main role in this Diseases. In this case study, the management should be in such a way that it should bridle the aggravated *vata dosha* and *dhatukshaya*. *Janu Dhara* and *Upanaha sweda* is considered as the best *vata shamka*. *Janu Dhara* have both Properties *snehna* and *swedna* effect. *Bahya snehana* and *swedna* are two important treatment Modalities to action of Aggravated *vata dosha* It is a single case presentation of 1 patient. Treatment protocol are - 1. *Janu dhara* 2. *Upanaha sweda*. The patient suffering from osteoarthritis included in study were selected from University College of Ayurveda, Jodhpur during the period December to January. Efficacy of above two procedure are good and give significant result.

Keywords: *Sandhigata vata*, Osteoarthritis, *Janu Dhara*, *Upanaha Sweda*

INTRODUCTION

Osteoarthritis is a degenerative diseases of synovial joints characterized by focal loss of articular hyaline cartilage with proliferation of new bone (osteophytes) joint space is narrowing from loss of articular cartilage and joint stiffness, swelling, pain, and loss of mobility, Crepitus being its hallmark symptoms.¹ Particularly in

weigh bearing joints like knee joint, Ankle joint etc. The diseases usually affect in the fourth decade, and the occurrence increased linearly with age. ²Osteoarthritis is common among the general adult population especially in women of older groups. In old age all dhatu undergo *kshaya*, thus leading to *vatapropka* and

making individual prone to *sandhigata vata*. Acharya charka mention symptoms of *sandhigata vata* in *chikitsa sthana vata vaydi* chapter with most of its clinical features like osteoarthritis³ –

Vatpurndartisparsha: shotha: sandhigateanile | Prasarnankunchanyo: pravrtisch svedana || (Ch. Chi.28/37)

Sandhigata vata is characterized by symptoms like *vata purna druti sparsha, sandhishoola* (Joint pain) *shotha* (Swelling), *Prasarna Ankunchana vedna* (painful joint movements).

Acharya have mentioned line of treatment Procedure like *snehana, upanaha sweda, Agnikarama* in *sandhigata vata*⁴.

Kuryatsandhigate vate daha snehopnahnm || (Bha. Pr. Madhyam khand 24/259)

The therapy should be aimed to Pacifying the vitiated *vata*. Among different Types of *vatopakrams*, *Bahya Snehana* and *swedna* are said to be best to pacify *vata* in localized area. Hence the use of *Jhanu dhara* with *taila* as *snehana* and *Upanaha* as *Swedana karma* so that drug is used in *upanaha* having *vatar* properties and *snigda, picchala* etc. *Guna*. So that *jhanu dhara* and *Upanaha* is best treatment for *Sndhigata vata*. *Dhara karma* is one of the treatments mentioned under *murdhni taila chikitsa* as *shirodhara*. The Same *Dhara* can be applied the localised part as *Janu- Sandhi* is called *Janu Dhara*. *Tila taila* is said to be the best *vatashamaka* owing to its properties such as *Madhura, Kashaya, Tikta rasa Guru* and *Snigda guna, Ushna Veerya, Madhur vipaka*. In which the *swedana* is done by *bandhana* (Bandaging) is known as *upanaha*. *Upanaha* is done application of warm paste of roots of *vata* mitigating druges macerated with a sour liquid and added with more salt and oil, made unctuous and tied on the affected body part.

Case Study

Present Complaints

A 60-Year-old female patient got admitted in *Panchkarma* Department of Dr Sarvpalli Radhakarshana Rajasthan *Ayurvedic* University Jodhpur. According to the patient before 5 years, asymptomatic then she got oedema and pain in Right knee joints and further pain in the both knee joints. Pain is Aggravated by walking

and climbing stairs, and relieved by rest. Not associate with food, climate or time. crepitation during walking or movement of joints. Joint stiffness after periods of inactivity, passes over within minutes (10minutes) of using joint again. she also took allopathy T/t but not get better relief. So, she came into our hospital in *panchkarma* department for further T/t.

History

Twisting injury in left knee before 1 year, following which pain is Marked She have history of DM/HTN and no H/O any major Surgical Procedure.

Family History - Nothing significant

Personal History-

OPD no -45412, **IPD no-** 2145, **Date of admission** - 25/11/2019, **Name** – Raj Kaur, **Sex**-Female, **Age** - 60

Occupation-Housewife **Address-** Sirsa, Haryana

Pulse rate - 78/minute

Blood pressure - 140/90mmof hg **Respiratory rate** -17 min **Appetite** – Decrease

Bowel -Clear **Urine**-Increased frequency of micturition **Sleep** -Disturbed due to pain

General Examination-

Tongue – Not coated, **Clubbing**-Absent, **Pallor**- Absent, **Cyanosis**-Absent

Icterus –Absent, **Oedema** -Present in left knee, **Gait** – Antalgic Gait

Astvidha Pariksha -

Nadi -*Vata* -*kaphja* (74/min) **Shabda**- *Prakrta*, **Jihva** - *Malavaritta*, **Sparsha**- *Ruksha* (dry, rough)

Mala -*Niram* (1 time /day), **Drik**- *Samanya*

Mutra – D-4/ N- 1 Times **Akrti** - *Madhyama*

Systemic examination

Loco Motor System

Inspection –

- Swelling – left knee >right knee (posterior on the popliteal fossa)
- Both knee joint affected
- Deformities – Deviation and enlargement > Left knee joint.
- Muscle wasting present at the both legs.
- Bow- legged appearance (genu varum – separated each other)

- Kyphosis is absent (Abnormal curvature of the spine with forward concavity and dorsal prominence)
- Scoliosis is absent (Abnormal lateral curvature of the spine)

Palpation –

- Local temperature is raised.
- Effusion is present in left knee.
- Swelling –non-pitting.
- Crepitus both knee joints.
- Tenderness present.

Gati (Range of Movements)

LT& RT Knee joint –

Flexion – limited due to pain, oedema (normally flexion of knee joint -110 degrees)

Extension – limited due to pain, oedema (normally extension 0 degree)

LT & RT Elbow joints – flexion, extension is normal

Gait – Antalgic Gait (A limp adopted to avoid pain on weight bearing structure, characterized by a very short stance phase.

Neurological examination –

Sensation is present on both side of the lower limb.

Motor examination – patient able to dorsiflexion and plantar flexion for ankle joint

Knee reflex is present (extension of the knee)

Biceps, triceps reflex is present.

Grip strength is normal.

Investigation-

Hb-11.1 gm/dl ESR – 27mm/hr Blood sugar fasting -140.2 mg RF – Negative

CRP – Negative Serum calcium- 8.7 mg/dl 25- Hydroxy Vitamin D- Serum – 26.2 ng/dl

Radiological Finding-

X-ray of knee joint – Bilateral knee joint space reduced Multiple Osteophytes

Table 1: Assessment Criteria

Parameter	Finding	Grading
Pain during Rest	No Pain	0
	Mild (pain not interfering with activities or sleep)	1
	Moderate (pain interfering activities or sleep)	2
	Severe (pain increased due activities or sleep)	3
Pain on standing	No pain	0
	Pain increases for standing 30 min	1
Ability to climb up stairs	Without difficulty	0
	Mild difficulty	1
	Moderate difficulty	2
	Severe difficulty	3
Ability to climb down-stairs	Without difficulty	0
	Mild difficulty	1
	Moderate difficulty	2
	Severe difficulty	3
Ability to squat	Without difficulty	0
	Mild difficulty	1
	Moderate difficulty	2
	Severe difficulty	3
	Absent	0
	<20 mint	1
	>20 mint	2
Swelling	No swelling	0
	Mild swelling	1
	Moderate swelling	2

	Severe swelling	3
Tenderness	No tenderness	0
	Pt. complain of pain	1
	Pt. complain of pain & wincing	2
	Pt. withdraws of joint	3
Crepitus	No crepitus	0
	Palpable crepitus	1
	Audible crepitus	2
Walking time to cover 21 meters of Distance	Upto 20 Sec.	0
	21- 30 Sec.	1
	31-40 Sec.	2
	41-50 Sec	3
	More than 50 Sec.	4

Panchkarma Treatment

1. Janu Dhara – Prachal oil – 1000 ml + Tila Taila – 4 litre – 14 Days (45 minute)

Procedure – The bowel containing oil is heated gently by keeping over hot water. Cleaned sponges were dipped in *sukhoshna taila* (bearable warmth to the patient) and squeezed by right mist and made to flow on knee joint in a regular stream along with the direction of inverted thumb. The height of the stream was maintained about 12 *Angula* (Approx. 9 inches) throughout

the procedure. Mild massage was made with left hand continuously along with *Pariseka*. The temperature of the *taila* was maintained throughout the procedure. Then gently heated lukewarm oil is Poured slowly and carefully on the *Janu -Sandhi* Approx. 45 minutes. The heat of the *taila* should be enough to tolerate by the Patient. After the *Taila Dhara, Abhayanga* is done over the *Janu -Sandhi* For about 5 minutes.

2. Upanaha Sweda – It is done for 7 days in which the bandage is tied starting from knee joint to ankle joint.

Table 2: Ingredients of Upanaha Sweda

<i>Methi</i> powder (Trigonella foenum – graecim)	200 gm per day
<i>Saumpha</i> powder (Foeniculum vulgare)	100 gm per day
<i>Nariyal</i> powder (Cocus nucifera)	100 gm per day
<i>Tila taila</i>	50 ml per day
<i>Nimbu</i> (Citrus lemon)	1 <i>nimbu</i> per day
<i>Dashang lepa</i>	20 gm per day
<i>Asthisandhank lepa</i>	20 gm per day
<i>Sandhilepam</i>	20 gm per day
<i>Bandage</i>	6
Cotton Cloth	2 meters

Procedure- Make a Paste of Powdered drugs using *Nimbu, Taila, Saindhava lavana dasang lapa etc.* and warm it. Gently Apply little warm oil on the both legs

between knee to ankle on which the bandage is to be tied. Then apply paste on the area and covered by cotton cloth and tied by bandage.

Observations and Result

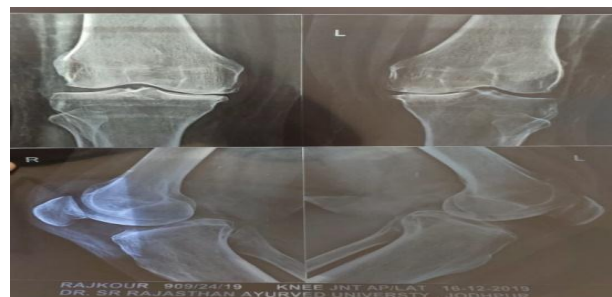
Table 3: Showing the Result of Improvement

Parameter	Before treatment Grading	After treatment Grading
Pain during Rest	3 Severe (pain increased due activities or sleep)	1 Mild (pain not interfering with activities or sleep)
Pain on standing	1 (Pain increases for standing 15 min)	0 (No pain)
Ability to climb up stairs	3 (Severe difficulty)	1 (Mild difficulty)
Ability to climb downstairs	3 (Severe difficulty)	0 (without difficulty)
Ability to squat	3 (Severe difficulty)	1 (Mild difficulty)
Duration of morning stiffness	2 (>20 mint)	1 (< 20 mint)
Swelling	2 (Moderate swelling)	0 (No swelling)
Tenderness	3 (Pt. withdraws of joint)	1 (Pt. complain of pain)
Crepitus	2 (Audible crepitus)	1 (Palpable crepitus)
Walking time to cover 21 meters of Distance	4 (More than 50 Sec).	1 (21- 30 Sec.)
X- RAY Of B/L knee AP View/ Lateral View	3 rd Grade (Reduced joint space in B/L Knee joint) and multiple osteophytic changes were found)	2 nd Grad (Increased moderate Joint space in right knee and Increased mild Joint space in lateral side of left knee and definite osteophytic)

Before Treatment



After Treatment



DISCUSSION

Sandhigata vata is *Madhyam rogamarga vatika* disorders in which vitiated *vata* gets lodged in sandhi. According to Ayurveda *shoola* occurs due to vitiation of *vata dosha*. So, the Aim of treatments to pacify vitiated *vata dosha*.

The main line of treatment as explain in *samhita* of *sandhigata vata* is “*sneha upanaha agnikarma bandhana unmardanani cha*” hence *snehana* in the form of *Janu dhara* by *tila taila* and *prachal taila* and *swedana* in the form of *upanaha* by *methi, saumph, Nariyal powder, tila, taila* etc. *vatashamka dravya* would be relive the symptoms of *sandhivata*.

Janu Dhara procedure have both *snehana* and *swedana* effect. The *taila* used for this procedure does the *snehana* and due to the *agni samyoga* in this procedure

it does *swedana* effect. This procedure is unique; in the sense comparing both *snehana* and *swedana* or it may be put like *snehayukta sweda*. *Snehana* in internal as well as external use is said to combat aggravated *vata*. This helps significantly in preventing the rate of degeneration and helps in restoring the joint mobility. The trans dermal absorption depend upon the lipid solubility of the drugs and hence *taila* acts as means to carry the potency of the drug to penetrate the epidermis. The sudation can bring about changes indirectly on the autonomic nervous systems and the heat may reduce pain by acting over nerve stimuli. The application of heat over joint promote local circulation and metabolic activities and opens the pore of the skin to permit the transfer of medication and nutrients towards the affected side. The drugs selected for the *upanaha* yoga

having almost the properties of *vatashamka* by *ushna* and *snigda guna* and reduced pain swelling, joint stiffness. It combats with the properties of *vata* like *sheeta*. *Ruksha* and *laghu guna*. due to local rise of temperature metabolic waste are removed through increased blood circulation and *sweda*. The secretion of sweat is under nervous control, especially autonomous.

Janu dhara and *upanaha sweda* are considered as *bahirparimarjana chikitsa*. Mode of action of *dravyas* is said to be same for both treatment modalities.

According to *Acharya Susruta*⁵ the *veerya* of the *dravya* applied over the skin is absorbed by the *triyankami dhamni* which are present all over body and the attached to *romakoopa* through the opening of these *romakoopas* enter the *veerya* of the *dravya* used in *taila dhara* and *upanaha sweda* through *triyangami dhamnis* and reach the target part and pacification of *vata dosha* And relived the symptoms such as pain, joint stiffness, swelling, Loss of movements.

CONCLUSION

Sandhigata vata can be clinically compared with osteoarthritis described in ayurvedic classics and Symptoms of osteoarthritis is Joint pain, Swelling. Tenderness, Painful joint Movement. The treatment given *Janu Dhara*-14 day and *Upanaha sweda* – 7 days proved to be effective of the treatment in the management of these disease. The main aim of treatment is to be pacify of *vata dosha*. Patient was symptomatically improved with Pain, stiffness, swelling Ability to climb up stairs, Ability to climb downstairs, Ability to squat, Range of movements of knee joint, tenderness, Crepitus. X-ray was done before and After treatment changes was observed in X-ray.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Sunita Bola et al: Role Of Janu Dhara And Upanaha Sweda In The Management Of Sandhigata Vata W.S.R Osteoarthritis – A Single Case Study. International Ayurvedic Medical Journal {online} 2020 {cited February, 2020} Available from: http://www.iamj.in/posts/images/upload/2853_2858.pdf