

MANAGEMENT OF JANUSANDHIGATA VATA BY USING A PANCHAKRAMA PROCEDURE JANUBASTI: A CASE REPORT

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ABSTRACT

Sandhigata Vata is a disease of the elderly. Life style, excessive weight, trauma and diet deficient in calcium are some of the risk/causative factors. *Rooksha Aahar* and *ativyaama* causes vitiation of *Vata*. It mainly affects the weight-bearing joints of the body specially knee, hip, lumbar spine. Being commonest form of articular disorders, it hampers day to day activities of the sufferer like walking, dressing and bathing. The common presentation of the disease is in the form of *shoola* (Pain), *shotha* (Swelling), *Vata purna druti sparsha* (Crepitus) and *Prasaran akunchan pravrutishcha svedana* (Pain during extension and flexion of joint). Available treatment options include use of NSAID's, Calcium supplementation and ultimately joint replacement. Here is a case of bilateral Knee Osteoarthritis complaining of *shoola* (Swelling), *Vata purna druti sparsha* (Crepitus) and *Prasaran akunchan pravrutishcha svedana* (Pain during extension and flexion of joint) since 2 years. After completion of therapy, significant improvement was seen in pain, range of movements and walking distance. The patient was successfully managed with *Janu Basti* therapy. It can be conclude that Osteoarthritis may be managed with *Ayurvedic* intervention and use of *baahyaparimaarjan chikitsa* requires to be exploited to a greater extent owing to its higher safety and efficacy profile.

Keywords: *Sandhigata Vata, Rooksha Aahar, Ativyaama, Vata, Shoola, Shotha, Janu Basti*

INTRODUCTION

Knee Osteoarthritis (OA) is the most common type of arthritis and is a major cause of disability which reduces the quality of Life¹. The clinical features of *Sandhigata Vata* is described in various *Ayurvedic* ancient text which is characterized by *Shoola* (Joint pain), *Shotha* (Swelling), *Vata purna druti spar-*

sha(Crepitus) and *Prasaran akunchan pravrutishcha svedana* (Pain during extension and flexion of joint) resembles with Osteoarthritis^{2,3}. Main causative factors responsible for *Sandhigata Vata* are *Ruksha aahar, Atimaitihuna, Ativyayam* (Excessive exercise/work), *Sheeta bhojana* (Cold food/drinks),

Dhatukashaya and *Roga Atikarshana*^{4,5}. This condition closely resembles with Knee Osteoarthritis. Osteoarthritis is the most common form of arthritis. It is strongly associated with ageing, and is a major cause of disability in older people⁶. According to modern science loss of oestrogen during menopause increase the woman risk of getting Osteoarthritis⁷. Osteoarthritis is a degenerative in nature. It is characterized by progressive disintegration of articular cartilage, formation of new bone in the floor of the cartilage lesions (eburnation) and at the joint margins (osteophytes), and leads to chronic disability at older ages. India is expected to be the chronic disease capital with 60 million people with arthritis by 2025. Currently in OA affected persons, 80% are having some movement limitation and 20% are unable to perform major activities of daily living. It has been postulated that age, gender, body weight, repetitive trauma and genetic factors are the risk factors which play an important role in the manifestation of OA. Treatment options available for *Sandhigata Vata* are *Snehana* (Oleation), *Swedana* (Sudation), *Upanaha* (Poultice) and *Lepa* (Topical application)⁸. *Janusandhigata Vata* is an *Asthi-Sandhigata Vyadhi*, where there is a *kshaya* of *Asthi Dhatu* due to insufficient supply of *Poshaka Rasa*⁹. The line treatment for *Sandhigata Vata* is mainly focused on the alleviation of *Vata Dosha*. Vitiated *Vata Dosha* can be treated with the use of oil¹⁰. Use of *Snehana* with *Swedana* over the affected part is also advised in the treatment of *Vata Vyadhi* which alleviates pain, stiffness and improves flexibility¹¹.

Janu basti

It is specialized procedure in *Ayurveda*, especially indicated for *Janusandhigata Vata*. There is no direct reference and description of *Janu basti* in classical

Ayurvedic texts. It is like a supportive *Ayurvedic* therapy. *Janu basti* can be considered as *bahirparimara-jan chikitsa*¹² as it is a type of *bahya Snehana* and *Swedana* (External oil application and sudation). In different opinion, *Janu basti* is also considered as *snigdha sweda*. Different types of medicated oils are used in *Janu basti* according to the disease. *Kottamchukyadi taila* is an well known *Ayurvedic* formulation that has been indicated in the treatment of different types of *Vata Vyadhi*¹³. Thus *Janu basti* with *Kottamchukyadi taila* has been taken for the present case study.

Case Report

A 56 year old female patient came to *panchakarma* OPD of *Ayurveda* Rugnalaya and Sterling Multi Speciality Hospital, Pune, with the complaints of *Sandhi shoola* i.e. severe pain over both knee joints and difficulty in walking and sitting since 2 years. The patient was taking allopathic treatment, but did not get significant relief. Examination of the patient revealed *Shoola*(Pain) , *Vata purna druti sparsha* (Palpable audible Crepitus)in both the knee joints. The extension and flexion movements at both the knee joints were restricted, and movements were limited to 120° for flexion and extension was limited to 40°.Patient was underweight, vitals: Pulse rate 78/min, regular; Blood pressure was 124/80 mm of Hg. X-ray of the joints revealed joint space reduction in both the knee joint, more so in the medial compartment in left knee joint. On the basis of the clinical features and radiological findings, the diagnosis of Osteoarthritis was established. In consideration with the findings of clinical examination following treatment was given:

Table 1: Treatment Plan

Sr. No.	Treatment	Duration
1	<i>Janu Basti</i>	8 Days
2	<i>Sthanik(Janu pradeshi) Snehana</i>	8 Days
3	<i>Sthanik (Janu pradeshi) Swedana</i>	8 Days

Janu Basti:

Materials Required

For the present study, the following materials required for each therapy session-

1. *Masha*(black gram) flour / *Godhum*(Wheat) flour – 1kg
2. *Kottamchukyadi taila* – 500ml
3. *Dashmoola Kwath* – 1 litre (for nadi swedana)
4. *Janu Basti Yantra* – 01
5. Small piece of cotton – As per requirement
6. Water – As per requirement
7. *Nadi swedana yantra* (Local steam apparatus) – 01

Method

Procedure of *Janu basti* – Firstly, *masha pishti* or *godhum pishti* (As per availability) is prepared by adding quantity of water. Then, patient is asked to lie supine on the table with extended knee joint. Knee joint is properly exposed and gentle *abhayanga* is done over the lower limbs. After this, *masha pishti* or

godhum pishti is applied as a circular boundary wall with height 4 *angula* over the knee joint. This circular boundary of *masha pishti* or *godhum pishti* is allowed to settle for 5-10 min. This is known as *Sthanik basti yantra*. Heated *Kottamchukyadi taila* is poured in the *basti yantra* up to the level of 2 *angula* by using a small piece of cotton. The temperature of the oil should be such that it can be well tolerated by the patient. As the oil starts cooling with the time, it should be replaced with warm oil to maintain the temperature. Precaution should be taken for any oil leakage from *basti yantra*. This procedure is carried out for 30 minutes. After this, oil is drained out from the *basti yantra* and boundary wall of *masha pishti* or *godhum pishti* is removed.

Gentle *Snehana* was done over the knee joint after *janu basti*. After this, *nadi swedana* with *dashmoola kwath* over the knee joint is given to the patient for 10 minutes.

OBSERVATION AND RESULT

Table 2: Assessment on Day 1, 3, 8 & 15

Sr No	Assessment Parameter	Day 1	Day 3	Day 8	Day 15
1.	<i>Sandhi Shoola</i>	Severe	Severe	Mild	Mild
2.	<i>Vatpurnadrutisparsha</i>	Palpable audible crepitus	Palpable audible crepitus	Palpable crepitus	Mild Palpable crepitus
3.	<i>Prasaranakunchan pravrut-tishch savedana</i>	Prevent complete flexion	Prevent complete flexion	Pain with winching of face	Pain with winching of face
4.	Walking Distance(10m)	22 sec	22 sec	20 sec	18 sec

After treatment with *Janu basti* for 8 days, patient reported good relief in all the symptoms.

DISCUSSION

Janu basti relieves pain, stiffness and swelling associated with arthritis and other painful conditions, pacifies the morbidity of *Vata* in affected joints, muscles and soft tissues. *Janu basti* with *kottamchukyadi taila* followed by *dashmoola kwath nadi-swedana* is very effective in the management of *Janusandhigata Vata*^{18,19}.

Kottamchukyadi Taila-

As per Ayurveda, it pacifies the *Vata* and reduces swelling due to various diseases. It is an anti-inflammatory and analgesic in action. By its anti-inflammatory and analgesic properties, it reduces pain

fast and aids in recovery from arthritic or rheumatic problems.

CONCLUSION

Osteoarthritis is a very common condition. Advancing age and life style factors contribute in tandem to increase the trouble. Management approach including lifestyle modifications, exercises, drugs to relive pain and inflammation. *Ayurvedic* treatments that include external application of drugs, like *Janu basti*, offer advantage of immediate relief and negligible adverse effects. Patient treated and presented as this case study got remarkable relief with *Janu basti*. Therefore it can

be concluded that use of *baahyaparimarjan chikitsa* (Classical external *Ayurvedic* treatment) in the background of accurate diagnosis can cure the patient suffering from osteoarthritis. Being safe, devoid of adverse effects, *Ayurvedic* management is the only option to avoid painful intervals, advancement of the disease and repeated use NSAIDs. Delaying of surgical interventions by few years by external therapies like *Janu basti* offers additional advantage of reducing systemic exposure due to oral use of medications. This study will encourage further research in the field with evidence based methodology.

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