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A CASE STUDY OF EFFECT OF JANU BASTI IN SANDHIGATA VATA W.S.R. TO OSTEOARTHRITIS

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ABSTRACT

Sandhigata vata is one of the most common *vata vikara* which mainly occurs in *vridhavastha* due to *dhatukshay* and other *vataprapakopnidan*. In modern *sandhigata vata* can be correlated with osteoarthritis of joint. It is a degenerative disorder. Osteoarthritis is major Cause of morbidity, disability, limiting activity & impaired quality of life. So main goal of treatment of *sandhigata vata* is to reduce pain and minimize loss of physical function with ayurvedic medications and treatments.

Key words- *Sandhigata vata, Janubasti, Shwadamshtataila, Osteoarthritis.*

INTRODUCTION

Sandhigatavata is one of the the *vatavikar*. The term *sandhigatavata* is formed by two words *sandhi* means joint and *vata* means one of the dosha of the body. *Sandhigatavata* is one of the most common *vatavikara* which mainly occurs in *vridhavastha* due to *dhatukshay* and other *vataprakopaknidan*. Main symptoms are *Vatapurna Dhruti Sparsh* (swelling), *Prasaranakunchanvedana* (pain on movement), *Sandhishool¹* (pain in joints), *Atopa²*(cracking sounds) which limits daily life activity such as walking, standing, personal care. In modern *sandhigatavata* can be correlated with osteoarthritis of joint. It is a degenerative disorder.

Osteoarthritis is most common type of arthritis. It occurs in synovial joints and is characterized by Cartilage loss with accompanying periarticular bone response. Osteo arthritis is major Cause of morbidity, disability limiting activity & impaired quality of life. Osteoarthritis of knee is twice as common in women as in men. It mainly occurs in women who are over the age of fifty and are in the stages of menopause. Also in women, OA tends to have a stronger association with obesity and is frequently bilateral. In men it tends to be related to aging prior trauma or injury, repeated use of joint, exercise & is

often unilateral. The present-day management includes administration of anti-inflammatory drugs, analgesics, Surgical intervention & physiotherapy³. Each one of them is having their own limitations. So main goal of treatment of *Sandhigatavata* is to reduce pain and minimize loss of physical function with ayurvedic medications and treatments. In this Case Study *janubasti* with *shwadamstra tail⁴* for fifteen days given and it showed satisfactory results.

AIM AND OBJECTIVES

A case study of ayurvedic management of *sandhigatavata* with *shwadamshtrataila janubasti*.

Material and method-

Name of patient- Mrs.KamalMore.

Age / sex - 60yr/ female

Occupation- housewife

Chief complaints – since one year

Pain in bilateral knee joint

Difficulty in walking,

Sitting in squatting position

Inability to climb the Stairs.

History of present illness- Patient was alright before one year. Then she started complaining of knee joint pain and subsequently the pain increases and started complaining of difficulty while walking, sitting, and in squatting position, also inability to climb the stairs.

History of past illness- not significant

Family history- not significant

Treatment history- she was taking analgesics and using topical analgesics since ten months.

Habitual history- consumption of sprouts, fermented food items, cold beverages, *ratri jagaran, atichinta, upavasa* etc.

On examination-

BP-130/80mm of Hg, Pulse- 68/min, RR- 16/min

RS- AEEBS, CVS- S₁S₂normal, CNS- conscious, well oriented

Sleep- disturbed

L/E - crepitus present in both knee joint with restricted movement.

X-ray knee AP-lateral

S/O Bone density is reduced. Mild varus deformity is noted. Sub Chondral Sclerosis with erosions are noted along the articular margins of Femoral condyles & tibial plateau is noted. osteophytes are seen from femoral condyles and tibial plateau & from patella significant reduction in tibiafemoral joint space is seen. Findings are s/o. osteoarthritic changes.

Based on above complaints & radiological reports, patient was diagnosed with *Sandhigataavata*.

OBSERVATIONS

- Subjective Criteria - pain stiffness tenderness,
- objective criteria - walking distance, standing time

Assessment Criteria

	Subjective criteria		objective criteria
1	Pain	1	walking distance
2	Stiffness	2	standing time
3	Tenderness		

Table no. 01

Treatment Given

Procedure – *Janubasti*

Drug – *Shwamshtataila*

Duration - 15 days

Route of Administration – externally at knee joint

Matra – 200ml /*janu* (up to the level of 2 *Angula*)

Instruments – *Janu basti yantra, mashapishti*, sponge, napkin, vessel holder etc.

The *janubasti yantra* fixed with *mashpisti* on *janusandhi*. Medicated lukewarm oil was poured with the help of sponge in the rim and oil filled up to the level of 2 *angula*. Oil kept for 30 min.

After completion of treatment oil and *mashpisti* was removed and *sanvahan onjanusandhi* was done. *Janusandhi* cleaned with lukewarm water.

RESULTS AND OBSERVATIONS

	Subjective criteria	Before treatment	After treatment
1	Pain	Markedly	Reduced

		present	
2	Stiffness	Present	Absent
3	Tenderness	Present in lateral side	Absent

Table no. 02

	Objective criteria	Before treatment	After treatment
1	Walking distance	50m with support	200m with support
2	Standing time	Able to stand <10min with support	Able to stand >20min without support

Table no. 03

DISCUSSION

The general line of treatment for the *sandhigatvata* is “*Sneha upnahaagnikarmabandhanunmardanani cha*”⁵. Hence *snehan* and *swedan* in the form of *Janu Basti* would be promising to relieve the symptom. *Janu basti* is a unique procedure in the sense comprising both *sneha* and *swedan* or it may be put in this *snehayuktasweda* or *snigdhasweda*.

According to Acharya *Sushrut* the *virya* of the *dravyas* applied over the skin is absorbed by *tiryaggami dhamanis*⁶. Which are present all over the body and are attached to *romakupa*. *Swadamstra tail* mainly contains *Gokshura* (*Tribulus*

terrestris), *Adrak* (*Zingiber officinale*), *Gud*, *Godugd* and *Till Tail* (*Sesamum indicum*)⁷. These *dravyas* are mostly *Vatashamak*, *Madhur Rasatmak* and *Madhur Vipaki* in properties. And possess *vatahara*, *shothahara*, *vedanashamak* effects. Due to these properties oil reaches the target part. Hence this will be helpful in the *shaman* of *vata dosha*.

CONCLUSION

On the basis of this single case study, it can be concluded that *panchakarma* treatment like *janubasti* is effective in the management of *sandhigatvata*.

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