



Research Article

A COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFICACY OF JANUBASTI FOLLOWED BY PATRAPINDA SWEDA AND JANUBASTI FOLLOWED BY ATASI UPANAHA SWEDA IN JANU SANDHIGATA VATA W.S.R TO OSTEOARTHRITIS OF KNEE JOINT

Asha MR^{1*}, Vishal K Swamy², Kiran M Goud³

¹Post Graduate Scholar, ²Assistant Professor, ³Principal and Professor, Department of Panchakarma, SKAMCH & RC, Bangalore, Karnataka, India.

ABSTRACT

Janu Sandhigata Vata is a common *Vata* predominant disorder mainly caused in *Vriddhavastha*. It is a degenerative articular disorder caused in geriatric age group and its correlates with Osteoarthritis of knee joint. Being commonest form of articular disorders, Osteoarthritis poses a huge hindrance in day to day activities of the sufferer like walking, dressing and bathing etc. Due to *Vridhaavasta*, *Uttarothara Dhatuposhana* gets reduced and finally makes the person lame. Hence this study was conducted on 10 patients for 7 days to evaluate the efficacy of *Janubasti* with *Moorchita Tila Taila* followed by *Patrapinda Sweda* in Group A and *Janubasti* with *Moorchita Tila Taila* followed by *Atasi Upanaha Sweda* in Group B. The study reports significant relief in subjective parameters like *Vatapurna Dritisparsha* (joint crepitations), *Sandhi Shoola* (joint pain) and *Prasarana akunchana pravriti sa vedana* (pain during flexion and extension of joint) *Sandhi Shotha* (joint swelling) is completely relieved after the study. Assessment of results was done on the subjective parameters which showed highly significant changes in *Vatapurna Drithisparsha*, *Sandhi Shotha* and *Prasarana Akunchana Vedana*, and significant improvement in *Sandhi Shoola* in Group A. In group B *Vatapurna Drithisparsha*, *Sandhi Shotha* and *Sandhi Shoola* showed highly significant changes and *Prasarana Akunchana Vedana* showed significant changes.

KEYWORDS: *Janusandhigatavata*, Osteo-arthritis of Knee joint, *Janubasti*, *Moorchita Tila Taila*, *Patrapinda Sweda*, *Atasi Upanaha*.

INTRODUCTION

Janu Sandhigata Vata is one of the most common condition a clinical practitioner witnesses. *Bruhatrayees* and *Laghutryees*, have explained *Sandhivata* as one among *Vata Vyadhis*. *Achrayas* have not specified particular *Nidana* for *Janusandhivata*, so we can take common *Nidana* of *Vatavyadhi*. *Vata Prakopa* may be because of *Dhatukshyajanya* and *Avaranajanya*. The *Lakshanas* of *Janu Sandhigata Vata* are *Sandhi Shota*, *Sandhi Shoola*, *Vatapoorna Drutisparsha*, *Prasarana Aunchana Vedanas*.^[1]

Osteoarthritis is most common type of Arthritis. Its high prevalence especially in the elderly, and the high rate of disability related to diseases makes it a leading cause of disability in the elderly.^[2] Osteoarthritis is a joint failure, a disease in which all the structures of the joint have undergone pathologic change, often in concert. The pathologic sinequa none of disease is hyaline articular cartilage loss, present in a focal and, initially, no uniform manner.^[3] This is accompanied by increasing thickness and sclerosis of

the subchondral bony plate, by outgrowth of osteophytes at the margin, by stretching of the articular capsule, by mild synovitis in many affected joints, and by weakness of muscles bridging the joint^[3]. According to World Health Organization Osteoarthritis is the second common musculoskeletal problem in the world (30%) after back pain (50%), the reported prevalence of osteoarthritis from a study in rural India is 5.78%.^[4]

Hence *Janu Sandhigata Vata* being one among *Vataja Nanatmaja Vyadhi* are of two types *Avaranaja* and *Dhatu Kshayaja*. In *Ayurveda* it can be treated by *Shodhana chikitsa* which includes both *Antah Parimarjana* and *Bahir Parimarjana*. *Bahir Parimarjana* includes *Snehana*, *Swedana*, *Mardana* and *Lepana*.^[5] Hence an attempt is being made to evaluate the clinical efficacy of *Janubasti* with *Moorchita Tila Taila* followed by *Patrapinda Sweda* and *Janubasti* with *Moorchita Tila Taila* followed by *Atasi Upanaha in Janu Sandhigata Vata W.S.R to Osteoarthritis in this study*.

Aims and Objective

1. To study the effect of *Janubasti* followed by *Patra Pinda sweda* in *Janu Sandhigata Vata*.
2. To study the effect of *Janubasti* followed by *Atasi Upanaha* in *Janu Sandhigata Vata*.
3. To compare the efficacy of *Janubasti* followed by *Patrapinda Sweda* and *Janubasti* followed by *Atasi Upanaha Sweda*.

Inclusion Criteria

1. Patients of either sex between the age group of 50-70 years.
2. Patients with *Lakshanas* of *Janu Sandhigata Vata*^[6]
3. Patients with signs and symptoms of Osteoarthritis of knee joint^[7]
4. Patients fit for *Swedana Karma*^[8]

Gradation of Subjective Parameters

<i>Vatapoorna Drutisparsha</i>	<i>Sandhi Shoola</i>	<i>Sandhi Shotha</i>	<i>Prasarana Akunchana Vedana</i>
No Crepitus - 0	No pain - 0	No Swelling - 0	No pain - 0
Palpable Crepitus - 1	Mild pain - 1	Mild Swelling - 1	Pain without winching of face - 1
Audible Crepitus - 2	Moderate pain - 2	Moderate Swelling - 2	Pain with winching of face - 2
Always Audible Crepitus - 3	Severe pain - 3	Severe Swelling - 3	Prevents complete flexion - 3

Materials and Methods

Janubasti Procedure

1. First, *Mashapishti* was prepared by adding sufficient quantity of water.
2. Patient was asked to lie down in supine position and the knees were exposed.
3. The *Mashapishti* was sealed on the knees in such a way that there was no scope for leakage of *Moorchita Tila Taila*.
4. The *Moorchita Tila Taila* was indirectly heated by keeping it in hot water and the lukewarm *Moorchita Tila Taila* was gently poured along with inner surface of *Mashapali* and was retained with the cavity.
5. As the time passes the oil got cooled and it was replaced with the heated oil. So that the temperature can be monitored and kept constant.
6. This procedure was done for 30 minutes, after the specified time, the *Moorchita Tila Taila* was removed and *Mashapishti* was also removed.
7. Then gentle massage was given in circular fashion around the knee joint.

Patrapinda Swedana Procedure

1. Quantity sufficient *Moorchita Tila Taila* was added to pan and heated.

Exclusion criteria

1. Patients with any other systemic illness which could interfere with the course of treatment.
2. Patients not fit for *Swedana Karma*.^[9]

Duration of the Study

Procedure	Duration	No of Days
<i>Janu Basti</i>	30 mins	7 days
<i>Patrapinda Sweda</i>	20 mins	7 days
<i>Atasi Upanaha</i>	12 hours	7 days

Assessment criteria

Subjective Parameters

1. *Vatapurna Drutisparsha*
2. *Sandhi Shoola*
3. *Sandhi Shota*
4. *Akunchana Vedana*.

2. The *Patras* like *Eranda Patra*, *Nirgundi Patra*, *Nimba Patra*, *Shigru Patra*, *Arka Patra* where cut into pieces and was fried in a pan using *Moorchita Tila Taila* till it turns golden brown.
3. Grated coconut, crushed garlic and ginger along with sliced lemons where also added and fried.
4. The contents were removed from the pan and *Pottali* was prepared using cora cloth and *Swedana* was given.
5. If the temperature of the *Pottali* decreases again it was reheated by smearing *Pottali* in hot *Taila* pan and the procedure will be continued for 20 minutes.
6. After the completion of *Patrapinda Sweda* the patient was asked to rest for 10 minutes.
7. Duration - 7 consecutive days.

Atasi Upanaha Procedure

In Group B the patients were called to come in evening time around 6:30 PM then *Janubasti* was done followed by *Atasi Upanaha*.

Atasi Upanaha

1. In a pan *Moorchita Tila Taila* is added and heated. Then to the hot *Moorchita Tila Taila Atasi Upanaha* drugs are added and fried.
2. To that quantity sufficient *Kanji/Milk/Water* is added and boiled and the thickness is mentioned

so as to confirm neither thin nor thick paste is made.

- The paste is then applied on the cora cloth over the patient knee joint, about 1cm thick and then *Erandapatra* is kept over the paste. Above the *Erandapatra* cora cloth is wrapped and moderately tight bandaging is done.

- Threads are taken and tightened above and below to prevent any leakage and also for stability.
- The patient is asked to keep the *Upanaha* whole night for about 12 hours and asked to remove it next day morning.
- As *Paschat karma* patient is advised to remove the paste with lukewarm water.

Observation and Results

BT - AT	Mean		MD	Paired t - test				Remarks
	(BT)	(AT)		SD	SE	t - value	p - value	
<i>Vatapoorna Drutisparsha</i>	2.14	1.14	1.00	0.14	0.05	9.02	<0.001	H.S
<i>Sandhi Shotha</i>	1.71	1.14	0.57	0.46	0.17	3.35	<0.001	H.S
<i>Sandhi Shoola</i>	2.00	1.00	1.00	0.42	0.15	2.13	<0.05	S
<i>Prasarana akunchana Vedana</i>	1.50	1.00	0.50	0.50	0.17	4.08	<0.001	H.S

In Group A, *Vatapoorna Drutisparsha*, *Sandhi Shotha* and *Sandhi shoola* has shown highly significant values and *Sandhi Shoola* has shown significant result.

BT - AT	Mean		MD	Paired t - test				Remarks
	(BT)	(AT)		SD	SE	t - value	p - value	
<i>Vatapoorna Drutisparsha</i>	1.50	0.80	0.62	0.47	0.16	3.87	<0.001	H.S
<i>Sandhi Shotha</i>	1.50	1.00	0.50	0.50	0.17	0.17	<0.001	H.S
<i>Sandhi Shoola</i>	1.75	0.80	0.80	0.60	0.21	3.80	<0.001	H.S
<i>Prasarana akunchana Vedana</i>	1.66	0.77	0.88	0.92	0.30	2.03	<0.05	S

In Group B, *Vatapoorna Drutisparsha*, *Sandhi Shotha*, *Sandhi Shoola* has shown highly significant values and *Prasarana Akunchana Vedana* has shown significant results.

BT - AT	Mean		MD	Paired t - test				Remarks
	(BT)	(AT)		SD	SE	t - value	p - value	
<i>Vatapoorna Drutisparsha</i>	0.60	1.00	0.40	0.14	0.05	9.02	<0.001	H.S
<i>Sandhi Shotha</i>	0.50	0.57	0.07	0.46	0.17	3.35	<0.0	H.S
<i>Sandhi Shoola</i>	0.80	1.14	0.34	0.42	0.15	2.13	<0.05	S
<i>Prasarana akunchana Vedana</i>	0.88	0.50	0.38	0.34	0.17	4.08	<0.001	H.S

In comparison between Group A and Group B, *Vatapoorna Drutisparsha* has shown highly significant result, whereas *Sandhi Shotha*, *Sandhi Shoola* and *Prasarana Akunchana Vedana* have shown not significant results.

DISCUSSION

Sandhigatavata is more common in elderly patients between the age group of 50-70 years. The *Udbhavasthana* of *Sandhigatavata* is *Pakwashaya*, which is also the *Sthana* of *Vata Dosha*. *Sandhigata*

Vata is *Madhyama Rogamarga Vikara*. Because of *Vrudhapyaya*, *Balakshya* and *Dhatukshaya* it becomes *Yapyavyadhi*. For *Sthambha Nigraha* and *Shoola Prashamanartha Acharya Charaka* opines that *Sneha Pooravaka Sweda* will be beneficial. Accordingly *Snehana*, *Upanaha*, *Agnikarma*, *Bandhana* and *Unmardana*^[10] are the treatments mentioned by *Acharya Sushruta*. *Sthana samshraya* which has occurred due to *Dosha Dushya Sammurchana* is the main objective of *Samprapti*.^[11] Physician with the skill to understand *Samprapti* and does *Samprapti Vighatana* is capable of providing good treatment.^[12]

Hence *Janubasti* one among *Snigdha Sweda* is done which imparts *Snigdhatata* and when applied *Ushnait* does *Stamba Nigrahana* and *Gourava Nigrahana*. *Janubastiis Drava Sweda*, so it also imparts *Kledana*, *Alhadana* and is *Sandhana Karaka*.^[13] Mainly by the action of *Kledana Guna* the *Dhatu Poshana* and *Sandhi* which is a *Marma*, *Marma Paripalana* can be done.

Patrapinda Sweda is one among *Sthira Snigdha Saagni Pinda Sweda*. Due to its *Sthira Guna* it imparts *Sthirata*, *Chirakarita* and *Stambhakaraka* and by the *Ushna Veerya* of the drugs present in *Patra Pinda Sweda* like *Eranda*, *Nirgundi*, *Arka*, *Shigru* and *Nimba Vata* gets pacified. And due to its *Snigdhatata Sneha*, *Mardavata*, *Bala* is established. These actions by the drugs reduce the *Lakshanas* of *Janus Sandhigata Vata*.

Upanaha means bandage.^[14] The process in which drugs for *Swedana* is applied over a limb (*Vyadi Pradesha*) and then covered by any leaf or bandage is called *Upanaha*. *Atasi Upanaha* is *Saagni Upanaha* and *Snigdha Upanaha*.^[15] When drugs like *Atasi*, *Haridra*, *Yava*, *Godhuma Moorchita Tila Taila* etc. The *Atasi Beeja* which has *Ushna Veerya* and *Guru Snigdha Pichhila Guna* does *Vatahara* action similarly other drugs with its *Veerya* acts on *Brajaka Pitta* which does *Pachana* of *Ama* and there in relieves *Avarana* thus proved effective in *Sandhigatavata*. It quickly removes pain and swelling of the joints and is indicated in *Vataja Rogas*.

CONCLUSION:

In Aurveda literature *Janusandhigatavata* is described under *Vataja Nanatmaja Vyadhi*. Due to *Vata* dominancy in this disease *Vatasya Upakramas* are preferred. Thus doing *Snehana* followed by *Swedana* helps to increase absorption of the drug and improves bio availability there in. Hence the *Bahirparimarjana Karma* which is safe and effective is recommended to be done in larger sample.

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***Address for correspondence**

Dr Asha MR

Post graduate Scholar, Department of Panchakarma, SKAMCH & RC, Bangalore, Karnataka, India.

Email: ashamr1989@gmail.com

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