**A CLINICAL COMPARATIVE 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**

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 **ABSTRACT**

Janu Sandhigata vata is a common vata predominant disorder nowadays where in patient approaches to seek treatments and to find relief for their pain. 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 nirupa stambhita janu sandhigata vata. Janu sandhigata vata is a degenerative articular disorder caused in geriatric age group and its correlates with osteoarthritis. Being commonest form of articular disorders, sandhi gata vata poses a huge hindrance in day to day activities of the sufferer like walking, dressing and bathing etc. Due to vridda avasta and vataprakopa, uttarothara dhatu poshana 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 one group and Janu basti with Moorchita Tila Taila followed by Atasi Upanaha Sweda in other group. The study reports significant relief in subjective parameters like Vata purna driti sparsha (Joint crepitations), Sandhi Shoola (joint pain) and Prasarana akkunchana 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 one the subjective parameters which showed significant changes.

***KEY WORDS:*** *Janu sandhigata vata, Osteo-arthritis, Janu basti, Moorchita Tila Taila, Patrapinda Sweda, Atasi Upanaha.*

**INTRODUCTION:**

Janu Sandhigata vata or joint problems is one of the most common condition a clinical practitioner witnesses. The Janu Sandhigata vata is caused due to various nidanas one of them being vriddhavasta. In vriddavasta due to vata prakopa uttarotara dhatu poshana karma gets hampered leading to Sandhigata vata in this case as Janu Sandhigata vata. . In bruhattrayees and laghutryees, we find description of sandhivata in vata vyadhi, hence sandhivata is considered as part of vatavyadhi. Achraya have not mentioned any particular nidana for sandhivata, so we can take common nidana of vata vyadhi. Vata prakopa can occur either of the 3 causes Dhatukshyajanya vata prakopa, Svanidana sevanajanya vata prakopa and Avaranajanya vata prakopa. The lakshanas of Janu Sandhigata vata are Sandhi shota, Sandhi shoola, Vatapoorna druti sparsha, Prasarana akunchana vedana1. These features can be correlated with Osteoarthritis.

Osteoarthritis strongly associated with ageing and is major cause of pain and disability in older people. Osteoarthritis is characterized by focal loss of articular cartilage, subchondral osteosclerosis, osteophyte formation at the margin, and remodeling of joint contour with enlargement of affected joints. The prevalence of Osteoarthritis rises progressively with age and it has been estimated that 45% of people will develop Osteoarthritis of knee2. Changing life style, sedentary habits, weight gain, trauma are important risk factors. The signs and symptoms of Osteoarthritis are pain, restricted movements, crepitus, bony swelling, deformity etc3.

Janu Sandhigata vata is one among vataja nanatmaja vyadhi. They are of two types avaranaja and dhatu kshayaja. It can be treated by Shodhana chikitsa which includes both antah parimarjana and bahir parimarjana. Bahir parimarjana includes Snehana, Swedana, Mardana and Lepana. 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 wsr to Osteoarthritis in this study.

**AIMS AND OBJECTIVE:**

1. To compare the efficacy of Janubasti followed by Patrapinda Sweda and Janubasti followed by Atasi Upanaha Sweda.
2. To study the effect of Patra pindasweda in Janu Sandhigata vata.
3. To study the effect of Atasi Upanaha in Janu Sandhigata vata.

**INCLUSION CRITERIA:**

1. Patients of either sex between the age group of 50-70 years.
2. Patients with lakshanas of Janu Sandhigata vata.
3. Patients with signs and symptoms of Osteoarthritis of knee joint.
4. Patients fit for swedana karma.

**EXCLUSION CRITERIA:**

1. Patients with any other systemic illness which could interfere with the course of treatment**.**
2. Patients not fit for swedana karma.

**DURATION OF THE STUDY**

|  |  |  |
| --- | --- | --- |
| Procedure | Duration | No of Days |
| Janu Basti | 30 mins | 7 days |
| Patrapinda Sweda | 20 mins | 7 days |
| Atasi Upanaha | 12 hours | 7 days |

**ASSESSMENT CRITERIA:**

Subjective Parameters

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

Gradation chart for Subjective parameters

1. Vatapoorna Dritisparsha
	1. No crepitus - 0
	2. Palpable Crepitus - 1
	3. Audible Crepitus - 2
	4. Always audible Crepitus - 3
2. Sandhi Shoola (Pain)
	1. No Pain – 0
	2. Mild Pain – 1
	3. Moderate Pain – 2
	4. Severe pain – 3
3. Sandhi Shota (swelling) in joints
	1. No Swelling - 0
	2. Slight Swelling – 1
	3. Moderate Swelling – 2
	4. Severe Swelling – 3
4. Prasarana Akunchana Vedana
	1. No Pain – 0
	2. Pain without winching of face – 1
	3. Pain with winching of face – 2
	4. Prevents complete flexion – 3

**OBSERVATION AND RESULTS:**



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



In Group B, Vatapoorna Drutisparsha, SandhiShotha, Sandhi Shoola has shown highly significant values and Prasarana akunchana vedana has shown significant results.



In comparison between Group A and Group B, Vatapoorna Druitisparsha has shown highly significant result, whereas Sandhi Shotha, Sandhi Shoola and Prasarana akunchana vedana has shown not significant results.

**DISCUSSION:**

Sandhigatavata is more common in elderly patients between the age group of 50-60 years. The udbhavasthana of sandhigatavata is pakwashaya, which is also the sthana of vata dosha. Sandhigata vata is madhyama roga marga vikara. Because of vrudhapya, bala, dhatu kshaya its yapya vyadhi. But when Upakramas are followed as per chikitsa sutra, statistically highly significant results were obtained

 Snehana, Upanaha, Agnikarma, Bandhana and Unmardana4 are the treatments mentioned by Acharya Sushruta. Physician blessed with the skill to trace samprapti is capable of avocating the best treatment5 a judicial understanding of samprapti is most essential as illustrated in the ayurvedic texts in nothing but samprapti vighatana6. Sthana samshraya followed by dosha dushya sammurchana is the main objective of samprapti7. Hence Janubasti is done which imparts Snehana and when applied ushna. It does stamba nigrahana and gourava nigrahana.

 Patrapinda Sweda is one among snigdha sweda and pinda sweda. Due to vatahara properties of the patra-

Shigru- Ushna veerya, laghu ruksha teekshna guna does Kaphavatahara action

Nirgundi- Due to ushna veerya does rujapaha action

Eranda- Snigdha teekshna sookshma guna and ushna veerya is vatahara by nature

Arka- Its laghu rooksha teekshna guna does tridoshahara action.

 It alleviates vata thus it helps to decrease Sandhi shoola. Vatapoorana dritisparsha and prasarana akunchana vedana8. The patras like eranda, nirgundi, arka, shigru are processed with Moorchita tila taila. Due to the veerya the drugs of Patrapinda acts on Brajaka pitta and also does vatashamana and by snehana dhatu poshana is achieved. Thus it has shown highly significant values in the stiudy.

 Atasi Upanaha is snigdha upanaha and saagni upanaha9. Upanaha means bandaging the vyadi pradesha(bhandana). When drugs like atasi, haridra, yava, godhuma moorchita tila taila etc. are highly effective in Sandhigatavata. It quickly removes pain and swelling of the joints and is indicated in vataja rogas. The pain and swelling are reduced because of veerya of the drug and by warm application of the paste it mitigates sheetata.

 The Atasi beeja which has ushna veerya and guru snigdha pichhila guna does vatahara action.

Similarly, Haridra is ushna veerya and kaphavatahara, godhuma with its guru snigdha guna and saindhavalavana which is tridoshaghna due to swaveerya and their guna does vata and kaphahara.

**CONCLUSION**:

There is a considerable interest in the skin as a site of drug application both for local and systemic effect. However, the skin, in particular the stratum corneum, poses a formidable barrier to drug penetration therapy by limiting topical and transdermal bioavailability. Skin penetration enhancement techniques have been developed to improve bio availability and increase the range of drugs for which topical and trans dermal delivery is a viable action10. Thus doing snehana followed by swedana helps to increase absorption of the drug and improves bio availability there in.

 Janu Sandigata vata or Osteoarthritis is a degenerative disorder which hampers the quality of life. The chronic use of modern medicaments may lead to hazardous side effects. Hence the bahir parimarjana karma which is safe and effective is recommended to be done in larger sample. As both the groups has shown significant Statistical values and these procedures can be used for preventive measures also as a daily habit, which helps to lead a quality life.

**Reference**

1. Agnivesha, Charaka Samhita, revised by Charaka and Dridabala, with Ayurveda dipika commentary of Chakrapanidatta, edited by Vaidya Yadavji Trikamji Acharya, Chaukhambha orientalia Varanasi, Reprint 2015, Chikitsa Sthana , Chapter 28, Shloka number 37
2. Davidson’s principles and practice of medicine by Brain R Walker, Nicki R college, Staurt H Ralston, Ian D Penman , 22nd edition , Reprint 2014, pg no 1081
3. Dennisl kasper,Stephen L Hauser, J . Larry Jameson , Antony Kaspe, Fauci, Hauser,Longo, Joseph Loscalzo, Harrison Principle of internal medicine, 19th edition , part 15, chapter 394 page no 2226
4. Sri Bhavamishra, Bhavaprakash, vidyotini Hindi commentary, Chaukambha Sanskrit Bhavan, reprint 2015, Chapter 24, Shloka number 259
5. Agnivesha, Charaka Samhita, Ayurveda Deepika Commentary of Chakrapani edited by ; Vaidya Yadavji Trikamji Acharya, Choukambha Surabharathi prakashan, Varanasi, reprint -2011 page no 67.
6. Sushrutha, Sushrutha Samhita, Nibhandha Sangraha commentary of Sri Dalhanacharya and Nyaya Chandrika Panjika on Nidanasthana commentary of Sri Gayadasacharya, by Vaidya Yadavji Trikamji Acharya, Choukambha Surabharati Prakashan, Varanasi, Reprint-2008, page no 420
7. Kaviraj Govind Das Sen, Bhaishajya Rathnavali, Siddhiprada Hindi commentary by prof Siddhi Nandan Mishra, Choukambha Surabharati Prakashan, Varanasi 2011page no 519.
8. Sushrutha, Sushrutha Samhita, Nibandha Sangraha Commentary of Sri Dalhanacharya and Nyaya Chandrika Panjika on Nidanasthana Commentary of Gayadasa by Vaidhya Yadavji Trikamji Acharya, Choukambha Subharati Prakashan , Varanasi, Reprint 2008, page no 394.
9. Vagbhata, Arunadatta and Hemadri, Ashtanga Hridaya, Chaukhambha Orientalia . 2005 page 531.
10. Trandermal drug delivery ; penetration enhancement techniques by Heather A E Benson Western Australian Biomedical Research Institute, School of Pharmacy, Curtin University of Technology, GPO Box, U1987, Perth, Western Australia 6845.