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Management of *Janusandhigata Vata* with *Shamanaushadhis* - A Case Study

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Abstract: ***Sandhigata Vata is the commonest disorder which mainly occurs due to Dhatukshaya and other Vata Prakopaka Nidana, which limits daily life activities such as walking, standing, personal care etc. Janu Sandhigatavata can be correlated with osteoarthritis (OA). The clinical features of Janusandhugatavata are pain, swelling, restricted movements of the joint the prevalence of osteoarthritis generally increases with age. Palashatwagadi Kashaya from the reference of Sahasrayoga and Nirgundi Taila from Charaka Samhita are selected for the study. Patient was treated with Palashatwagadi Kashaya and Nirgundi Taila for 30 days. Follow up after 45th days of treatment significant result was found in improvement of Janu sandhigatavata both symptomatically and radiologically.***

Keywords: *Janu Sandhigata Vata, Palashatwagadi Kashaya, Nirgundi Taila,* Osteoarthritis

1. Introduction

Osteoarthritis of the knee joint is a degenerative, non-inflammatory joint disease. Obesity is a major risk factor which is a cause for increase in prevalence of the occurrence of Osteoarthritis. . The overall prevalence of knee Osteoarthritis was found to be 28.7% in India[2]. The prevalence of Osteoarthritis increases with age, and with an aging population, the effect of this disease will represent an ever-increasing burden on health care. The knee is the most common joint affected in Osteoarthritis, with up to 40% of limb arthritis being located in the knee, compared to 30% in hands and 19% in hips. It has been estimated that 45% of all people develop knee Osteoarthritis. Osteoarthritis is uncommon in adults under age 40 and highly prevalent in those over age 60. Symptoms attributable to Osteoarthritis are more prevalent in women than men. Globally Knee Osteoarthritis is 4th most significant cause of incapability in women and 8th in men[3].

The knee is the most common joint affected in Osteoarthritis. Osteoarthritis mainly targets patello-femoral and medial tibio-femoral compartments of the knee. Most knee Osteoarthritis particularly in women, is bilateral and symmetrical. Trauma is a more important risk factor in men and may result in unilateral Osteoarthritis. Osteoarthritis Knee Pain is usually localised to the anterior or medial aspects of the knee and upper Tibia. Patello-femoral pain is usually worse going up and down stairs or inclines. Posterior knee pain suggests a complicating popliteal cyst[4]. Osteoarthritis is an enlightened disorder of cartilage degradation, synovial inflammation, osteophyte formation, thinning of joint space and sub chondral sclerosis. Osteoarthritis leads to pain, disability as well as difficulty in joints. Contemporary medical sciences aim to give symptomatic relief of pain by analgesics including NSAIDs or joint displacement in end stage situations. An effective management is needed to repair and strengthen the cartilage and prevent further degeneration[5].

Susrutha acharya has added that along with swelling and pain there is disorganization of joints leading to severe disabilities[6]. In *madhavanidana, Shoola and Atopa* are the symptoms[7]. *Sandigatavata* treatment has to be planned, primarily aiming at the correction of vitiated *vatadosha*, also considering involvement of vitiated *kaphadosha*. *Palashatwakadi kashaya*[8] is a *shamana yoga* having a combination of three herbal drugs, *palashatwak, punarnavamula* and *Sunthi* with *saindavalavana* as *anupana*. It is *vatakaphashamaka, shoola hara, shothahara, stambahara*[9]. *Acharya charaka* mentioned *bahyasnehana* as effective treatment [10] such as *Nirgundi taila*[11]. Here *Nirgunditailaveshtana* which is *kaphavatashamaka* and *shoolahara* is taken for the study. Among the *vatopakrama*, *Veshtana* is been explained[12]. *Twak* is being *asraya* for treating the disease[13] *Brajaka pitta* does the *pachana* and *grahana* of *aushada* applied on *twak*, through procedures like abhyanga, sweda, parisheka[14].

2. Material and Methods

Place of Study
Karnataka Ayurveda Medical College Hospiatal, Mangalore, Karnataka.

Presenting Complaints:
A 56year old female having complaints of pain over Left Knee Joint along with the restricted movements since 2 years.

History of presenting complaint
The patient was apparently normal before 2 years later she developed pain over left knee joint. The pain was aggravated while climbing stairs. She found difficulty in standing for long time and pain usually got worsened during evening hours. The pain got slight relief on rest. She had morning stiffness which lasts for 10 minutes and subsides by itself. She took allopathic medication (Analgesics) and got

symptomatic relief, there after the symptoms reappeared once she stopped the medication. For Ayurveda treatment she visited our Kayachikitsa OPD at Karnataka Ayurveda Medical Collage, Mangalore.

History of past illness: History revealed that patient is non hypertensive, non-diabetic, no surgical history and other systemic diseases.

Treatment history: Nothing Significant.

Personal History

Table 1: Personal History

Diet: mixed diet, especially spicy foods	Sleep-Disturbed due to pain
Bowel-Regular	Allergy: Not Detected
Appetite-Normal	Addiction: Nil
Micturition-Normal	Physical Exercise: Moderate Labor

Systemic Examination

Locomotor system

Table 2: Knee joint examination

Knee joint		
1	Inspection	There were no redness, muscular wasting and deformity.
2	Palpation	Grade-1 tenderness and there was presence of crepitus on Left knee joint.
3	Range of movements	Both flexion and extension are painful on Left knee joint.

Investigations

X-ray of Left knee joint (Kellgren Lawrence Scale[15])-Grade 1

Table 3: Kellgren-Lawrence Scale

Grade	Description
0	No radiographic features of osteoarthritis
1	Possible joint space narrowing and osteophyte formation.
2	Definite osteophyte formation with possible joint space narrowing
3	Multiple osteophytes, definite joint space narrowing, sclerosis and possible bony deformity.
4	Large osteophytes, marked joint space narrowing, severe sclerosis and definite bony deformity.

3. Assessment Criteria

Assessment of subject was done by using

1) WOMAC Score[16].
2) Goniometer Examination Scales for Knee range of movements.

Course of treatment

The patient was given 48 ml *Palashatwagadi Kashaya* (internal administration) with *saindavalavana* as *Anupana* twice daily, before food and *Nirgunditaila* as *Janu Veshtana* for 1 hour daily for a period of 30days. Assessment was done on the 0th day, 30th and 45th day of the treatment. The patient was encouraged for review once in 15 days for uninterrupted feedback.

4. Results

Parameters			Before Treatment	After Treatment	Follow up
WOMAC Score			24	10	7
Goniometer reading (In degrees)	Right Knee joint	Flexion	130	130	130
		Extension	120	120	120
	Left Knee joint	Flexion	120	130	130
		Extension	110	110	120

Thus *Palashatwagadi Kashaya* and *Nirgunditaila* was found effective in reducing pain and thus reducing Womac Score along with changes in joint measurements and range of movements of knee joint. The medicine also proved effective in reducing tenderness and crepitus of knee joint. Also patient felt noticeable change in morning stiffness.

5. Discussion

Osteoarthritis is types of chronic degenerative joint disorder which is characterized by breakdown of joint cartilage and underlying bone. The most commonly affected is the weight barring and largest joints of the body like hip joint, knee joints, shoulder joint, etc. the most common symptoms are joint pain and stiffness usually the symptoms progress slowly over years. This patient present case study, patient initially has severe joint pain and palpablecrepitus. These clinical symptoms are closely related to *janu sandhi gatavata.*

Sandhigatavata is a described as a *Vatavyadhi* in all *Samhitas* & *Sangrahagrantha*. Various *Aharaja*, *Viharaja*, *Mansika Shariri*k *Nidana*'s are mentioned in *Vatavyadiprakrana*. *Sandhi gatavata* specially occurs in *Vriddhaavastha* in which *Dhatukshaya* take place which leads to *Vataprakopa*. In between *Vata* and *Asthi Ashraya Ashrayi Sambandha*. That means *Vata* is situated in *Asthi*. Vitiated *Vata* destroy *Sneha karam* because *Vataguna* is just apposite to *Snehanagunas*. Due to diminished *Sneha kha-vaigunya* occurs in *asthi* which is responsible for the cause of *sandhigatavata* in weight barring joints especially in knee joints.

In *Ayurveda*, *Samprapti Vighatanameva Chikitsa* (breaking of pathogenesis is treatment). For breaking the *Samprapti* (pathogenesis) of *Janu SandhigataVata, Ushna* (hot), *Kapha Vatahara, Deepana* (appetizer), *Pachana* (carminative), *Sothahara, Vedanasthapana, Balya* and *Rasayana Dravyas* are essential. Hence *Palashatwagadi Kashaya* and *Nirgunditaila* are selected here. *Palashatwagadi Kashaya* consists of *Palashatwak, Punarnava, Shunti* taken with *Saindava Lavana* as *Anupana*. it act as *Vatakaphashamaka, sholahara, shothahara, stambahara*. *Taila* is considered to be best in *Vata Vyadhi*. *Twak* is being *asraya* for treating the disease *Brajaka pitta* does the *pachana* and *grahana* of

aushada applied on *twak*, through procedures like *abhyanga*, *sweda*, *parisheka*etc. *Nirgunditaila* is taken for *Veshtana* which act as *Kaphavatashamana* and *shoolahara*. Application of *Taila* externally to affected knee helped in reducing inflammation. *Veshtana* helps in increased absorption of *Taila* and reducing the symptoms. Systemic absorption of drugs after topical application depends primarily on the lipid solubility of drugs. Local application of a drug at the desired site increases the concentration of the drug reaching the particular site.

6. Conclusion

Hence the treatment with *Palashatwagadikashaya* and *Nirgunditaila* has a significant role in the management of *Janu Sandhigata Vata*. The treatment was cost effective, comfortable for the patient and with nil or minimal side effect. The present case study sets an example in management of Janu sandhugata Vata. It can improve quality of life of the patient.

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