



JANUBASTI AND NADI-SWEDANA IN JANU SANDHIGATA VATA: A CASE STUDY

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Abstract

Joint pain is very much prevalent among elderly people. In the present case study, 61 year old male patient suffering from osteoarthritis of knee joint has been registered for ayurvedic management. *Janu sandhigata vata* is a type of *vata vyadhi* described in ayurveda which nearly corresponds to osteoarthritis of knee joint. Effect of *janubasti* with *mahanarayana taila* along with *dashmoola kwath nadi-swedana* is assessed in this case study. Two therapy session (each session is of 6 days) with a gap of 6 days in-between the two session has been advised to the patient. The study reports significant relief in subjective parameters like *Vatapurnadritisparsha* (joint crepitations), *Sandhi Shoola* (joint pain) and *Prasaranakkunchanapravriti savedana* (pain during flexion and extension of joint). *Sandhi Shotha* (joint swelling) is completely relieved after the study.

Keyword – *Janu basti*, *Mahanarayana taila*, *Nadi-swedana*, Osteoarthritis, *Sandhigata vata*.

INTRODUCTION

Joint problem is one of the most frequent complaints which come before a medical practitioner. Joint pain is very prevalent among elderly people, especially due to osteoarthritis. Osteoarthritis is a chronic degenerative disorder which mainly affects large and weight bearing joints like hip joint, knee joint and spine etc. Osteoarthritis accounts for 0.6% of all Disability adjusted life years (DALYs) and 10 % of DALYs due to musculoskeletal conditions. This burden accounted for 2.2% of global years of life lost due to disability (YLD) and 10% of all YLD from musculoskeletal disorders [1, 2]. Hip and knee osteoarthritis was ranked as the 11th highest contributor to global disability and 38th highest in Disability adjusted life years (DALYs) [3]. Osteoarthritis knee occurs in 12 % of the person age ≥ 60 in the United States and 6 % of all adults [4].

Sandhigata vata

Sandhigata vata is as one of the eighty types of *vata vyadhi* described in various ayurvedic treatises. Foremost description of *sandhigata vata* is given in *charaka samhita*. *Vatapurnadritisparsha* (coarse crepitation), *shotha* (swelling) and *Prasaranakkunchanapravriti savedana* (pain during flexion and extension of the joint) are the clinical features of *sandhigata vata* [5]. *Sthansamshraya* of vitiated *vata dosha* at *janu sandhi* (knee joint) results in the development of a disease termed as *janu sandhigata vata*.

This condition is closely simulates with knee osteoarthritis. The line of treatment for *sandhivata* is mainly focused on the alleviation of *vata dosha*. *Acharya charaka* explains that vitiated *vata dosha* can be best treated with the use of oil [6]. Use of *snehana* with *swedana* over the affected part is also advised in the treatment of *vatavyadhi* which alleviates pain, stiffness and improves flexibility [7].

Janu basti

It is a specialized procedure in ayurveda, especially indicated for *janu sandhigata 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 *bahirparimarjana chikitsa* [8] 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. *Mahanarayana taila* is a well known ayurvedic formulation that has been indicated in the treatment of different types of *vatavyadhi* [9]. Thus *janu basti* with *mahanarayana taila* has been taken for the present case study.

CASE STUDY

A 61 year old male patient with chief complaint of pain over left knee joint since 2 years, visited the OPD with registration no. 723 dated on 12.08.2015. Patient experiences difficulty in walking with pain and crackling sound over the knee joint, which worsens with movement and relieved with rest. There is a history of local trauma (road traffic accident) to left knee joint, 2 years ago. He previously consulted an orthopedician for the same problem. His X-ray of left knee joint reports marginal osteophytes, narrow joint space and degenerative changes. He was diagnosed with osteoarthritis of left knee joint. He is advised to take pain relieving and anti-inflammatory medicine regularly for some initial time period, followed by their occasional use (when needed). He is also a known case of hypertension since 5 years and taking allopathic medicine i.e. Tab.Telmisartan 40 mg once daily under respective medical supervision. There is no other significant history of personal and family systemic illness.

Patient has typical antalgic gait. On examination of left knee joint, joint crepitation is palpable as well as audible on joint movement associated with pain. Skin over the knee joint is normal. There is a visible swelling over the joint which is confirmed by positive patellar tap test. Joint was tender over its medial side but not inflamed. After clinical examination and assessment, patient is advised to take *janu basti* with *mahanarayana taila* followed by *dashmoola kwatha nadi-swedana*.

MATERIAL AND METHOD

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

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|------------------------------------|---|--------------------------------------|
| 1. <i>Masha</i> (black gram) flour | – | 1 kg |
| 2. <i>Mahanarayana taila</i> | – | 500ml |
| 3. <i>Dashmoola kwath</i> | – | 2 litres (for <i>nadi swedana</i>), |
| 4. Spatula | – | 01 |
| 5. Small piece of sponge | – | 01 |
| 6. Water | – | as per requirement |

7. *Nadi swedana yantra* (Local steam apparatus) – 01

Method

- Procedure of *janu basti* – Firstly, *masha pisti* (paste of black gram) is prepared by adding sufficient quantity of water. Then, patient is asked to sit erect on the table with extended knee joint. Knee joint is properly exposed and gentle *abhyanga* is done over the lower limbs. After this, *masha pisti* is applied as a circular boundary wall with height of 4 *angula* (approx. 4 inch) over the knee joint. This circular boundary of *masha pisti* is allowed to settle for 5-10 min, this is known as *basti yantra*. Precaution should be taken for any oil leakage from *basti yantra*. Heated *mahanarayana taila* is poured in the *basti yantra* up to the level of 2 *angula* by using small piece of sponge. The temperature of the oil should be such that it can be well tolerated by the patient. As the oil starts cooling with time, its temperature should be maintained by replacing it with warm oil. This procedure is carried out for 30 minutes. After this, oil is drained out from the *basti yantra* and boundary wall of *masha pisti* is removed.
- *Nadi Swedana* (Local fomentation) –. In this study, gentle *abhyanga* was done over the knee joint after *Janu basti*. After this, *nadi swedana* with *dashmoola kwatha* over the knee joint is given to the patient. Duration of *nadi swedana* was 15-20 minutes.

Therapy schedule - In this case study, two therapy sessions was given to the patient. Each therapy session is of 6 days and assessment of the parameters was done before therapy and at the end of each session. A gap of 6 days was given in between two therapy session.

Assessment parameters

1. *Vatapurnadritisparsa* (joint crepitations)
2. *Shotha* (joint swelling)
3. *Sandhi shoola* (joint pain)
4. *Prasaranakkunchanapravriti savedana* (pain during flexion and extension of joint)

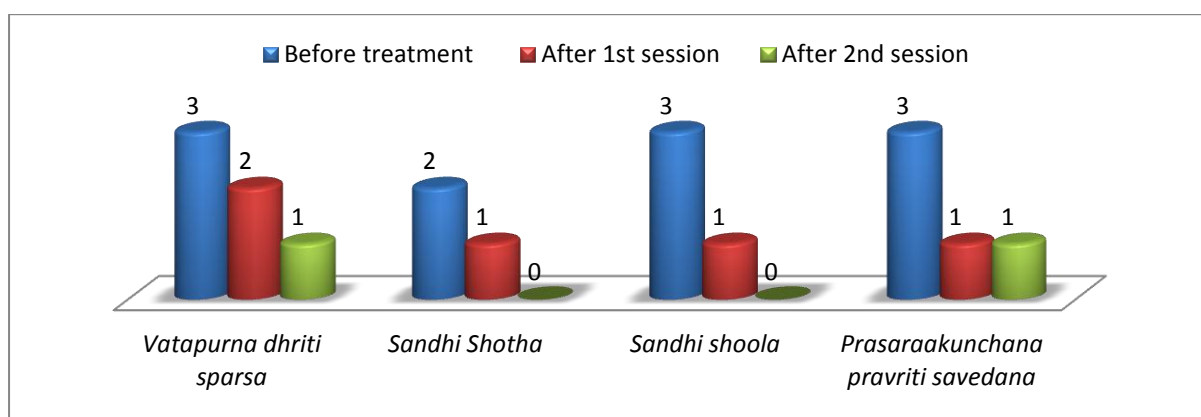
Grading of parameter

1. *Vatapurnadritisparsa* (joint crepitations)-
 - **Grade 0** – No crepitus
 - **Grade 1** – Palpable crepitus
 - **Grade 2-** Audible crepitus
 - **Grade 3-** Always audible crepitus
2. *Sandhi Shotha* (joint swelling) –
 - **Grade 0** – No swelling
 - **Grade 1** – Mild swelling
 - **Grade 2-** Moderate swelling
 - **Grade 3-** Severe swelling
3. *Sandhi Shoola* (joint pain) –

- **Grade 0** – No pain
 - **Grade 1** – Mild pain
 - **Grade 2-** Moderate pain
 - **Grade 3-** Severe pain
4. *Prasaranakkunchanaana pravriti savedana* (pain during flexion and extension of joint)-
- **Grade 0** – No pain
 - **Grade 1-** Pain without winching of face
 - **Grade 2-** Pain with winching of face
 - **Grade 3-** Prevent complete flexion

Results

S. No	Subjective Parameter	Before treatment	After 1 st session	After 2 nd session
1.	<i>Vatapurnadritisparsa</i>	3	2	1
2.	<i>Shotha</i>	2	1	0
3.	<i>Sandhi shoola</i>	3	1	1
4.	<i>Prasaranakkunchana pravriti savedana</i>	2	1	1



Discussion

Excessive intake of unctuous food items, excessive walking or physical activity, direct injury, suppression of natural urges are some of the common factors that aggravate *vata dosha* [10]. As *vata* gets vitiated, its *guna* (properties) like *ruksha* (dry), *shita* (cold), *laghu* (light), *chala* (movement) also increased from their normal levels in different combinations. Use of herbs and formulations having opposite *gunas* like *sneha* (oily), *ushna* (hot), *guru* (heavy) and *sthira* (stable) are advised to normalise vitiated *vata dosha* [11].

In the development of *vata vyadhi*, it is mentioned that aggravated *vata* occupies the empty space of the body channels/body parts. *Acharya chakrapani* elaborates that this empty space is nothing but the site of body where *guna* like *sneha* etc. are absent or deprived [12]. In *janu sandhigata vata*, *ruksha* (dry) and *shita* (cold) *guna* are mainly aggravated which leads to *dhatu kshya* (joint degeneration).

In this case study, patient initially has severe joint pain with swelling over the joint. After two sessions of *janu basti*, these symptoms are significantly relieved. Audible joint crepitations in the beginning are also reduced after *janu basti*. Pain during joint movement of joint is very extensive feature of *janu sandhigata vata*. After two sessions of *janu basti* therapy, this symptom is very significantly alleviated. *Nadi swedana* is one among the thirteen types of *swedana* indicated in the treatment of *vata vyadhi* [13]. In this study, Swelling over the joint is completely relieved after *janu basti* followed by *nadi swedana* with *dashmoola kwath*. It may be due the effect of *dashmoola* because herbs included in *dashmoola* predominately have *shothahara* property [14].

Conclusion

Janu sandhigata vata (knee osteoarthritis) is a very prevalent musculoskeletal disease in elderly people. It is chiefly caused by vitiated *vata dosha*. This case study concludes that *mahanarayana tail janu basti* followed *dashmoola kwath nadi-swedana* is very effective in the management of *janu sandhigata vata*.

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