



# MANAGEMENT OF JANUSANDHIGATAVATA BY BAHIRPARIMARJAN CHIKITSA W.S.R. JANU TAILADHARA

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## ABSTRACT

*Sandhigata Vata* is a disease of the elderly. Life style, excessive weight, trauma and diet deficient in calcium are some of the risk/causative factors. *Rooksha Aahar* and *Ativyaama* cause vitiation of *Vata*. It mainly affects weight-bearing joints of the body specially knee, hip, lumbar spine. Being commonest form of articular disorders, *Sandhigata Vata* poses a huge hindrance in day to day activities of the sufferer like walking, dressing and bathing etc. The common presentation of the disease is in the form of *Shula*, *Sotha*, *Vata Poornadriti Sparsha* and difficulty in flexion and extension of the *Sandhi*. Available treatment options include use of NSAID's, calcium supplementation and ultimately joint replacement. Here is a case of bilateral knee Osteoarthritis who was advised arthroplasty. After 14 days of treatment, significant improvement was seen in pain, swelling, range of movement and walking distance. The patient was successfully managed with *Janu Tailadhara* procedure. It can be concluded that severe osteoarthritis may be managed with *Ayurvedic* intervention and use of *Baahyaparimaarjana Chikitsa* requires to be exploited to a greater extent owing to its higher safety and efficacy profile.

**Keywords-** *Sandhigatavata, Janu Sandhi, Bahirparimarjana chikitsa, Janu tailadhara, manoj, jasobanta.*

## INTRODUCTION

In *Janusandhivata* as it is clear the main *Dosha* is *Prakupit vata*, all the activities and food materials which cause *Vata* vitiation causes *Shula* (joint pain), *Shotha* (swelling), *Prasaarana-Aakunchanayo Pravruttscha Vedana* (painful joint movement) and *Vatapurnadritisparsa* (coarse crepitation), resembles with Osteoarthritis. This condition closely resembles with knee osteoarthritis. Osteoarthritis is the most common form of arthritis. It is strongly associated with ageing, and is a major cause of disability in older people. According to modern science loss of estrogen during menopause increase the woman risk of getting osteoarthritis. Osteoarthritis is

degenerative in nature. The prevalence of OA rises progressively with age, such as that by 65 years. The knee and hip are the principal large joints involved; affecting 10-25% of those aged over 65 years. The incidence of OA in India is as high as 12%. It is estimated that four out of hundred people are affected by it. Almost all persons by age 40 have some pathological changes in weight bearing joints; 25% females and 16% males have symptomatic osteoarthritis.<sup>1</sup> Treatment options available for *Sandhigata Vata* are *Snehana* (oleation), *Swedan* (sudation), *Upanaha* (poultice) and *Lepa* (topical application). *Janu Sandhigata Vata* is an *Asthi-Sandhigata Vyadhi*, where there is *Kshaya* of *Asthi Dhatu* due to insufficient supply of *Poshaka Rasa*.<sup>2</sup> The line of treatment for *Sandhivata* is mainly focused on the alleviation of *Vata Dosha*<sup>3</sup> Vitiated *Vata Dosha* can be best treated with the use of oil. Use of *Snehana* with *Swedana* over the affected part is also advised in the treatment of *Vatavyadhi* which alleviates pain, stiffness and improves flexibility<sup>5</sup>.

### JANU TAILADHARA

It is a specialized procedure in *Ayurveda*, especially procedure done in *Janu Sandhigata Vata*.<sup>4</sup> There is no direct reference and description of *Janu Basti* in classical *Ayurvedic* texts. It is like a supportive procedure. *Janu tailadhara* can be considered as *Bahirparimarjana Chikitsa* as it is a type of *Bahya Snehana* and *Swedana* (external oil application and sudation). In different opinion, *Janu Tailadhara* is also considered as *Snigdha Sweda*. Different types of medicated oils are used in *janu basti* according to the disease. *Ketakyadya Taila* is a well known *Ayurvedic* formulation that has been indicated in the treatment of different types of *Asthigata Vatavyadhi*. Thus *Janu Tailadhara* with *Ketakyadya Taila* has been taken for the present case study<sup>5</sup>.

### CASE REPORT

A 64 year old male patient came to *Panchakarma* OPD of our hospital with the complaints of *Sandhi Shoola* i.e. severe pain and swelling over both knee joints & difficulty in walking since 2.5 years. The patient was taking allopathic treatment, but didn't get significant relief. He was being prescribed NSAIDS, and was advised to get knee replacement done by orthopedic surgeons. Examination of the patient revealed *Sandhi Shotha* (swelling) around both knee joints, Tenderness, *Vatapurnadritisparsa* (audible crepitus) in both knee joints. Patient was overweight, Vitals: Pulse rate 74/min, regular; Blood pressure was 130/90 mm of Hg, X-ray of the joints revealed joint space reduction in both the knee joint, more so in the medial compartment in right knee joint. On the basis of the clinical features and radiological findings, the diagnosis of Osteoarthritis was established.

### Janu Tailadhara:

#### Materials Required:

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

1. *Droni* or *Dhara* table
2. *Ketakyadya Taila* – 2.5 lit for
3. Spatula – 01
4. Vessels – 2
5. *Dharapatra* 2
6. Small piece of sponge – 01
7. Water – as per requirement
8. 2 Dry and clean towels.

### Method

#### Poorvakarma:

The *Dhara Karma* is to be done in the morning hours after the evacuation of the bowel and bladder. The patient is made to lie down or to sit erect on the *Abhyanga* table. The affected knee joint is properly exposed. To begin with, the patient is subjected to local *Abhyanga* procedure. The limbs are supported in a horizontal position ensuring that the patient is also comfortable.

**Pradhan Karma:**

The bowl containing medicated oil is heated gently by keeping over hot water (water bath). The lukewarm *Taila* (having bearable warmth to the patient) is poured into the *Dhara* pot and made to flow on the *Janu-Sandhi* (knee joint) in a regular, steady stream. The height of the stream should be maintained at 12 *Angula* (approx.9 inches) throughout the procedure. Mild massage should be done with left hand continuously along with the flowing oil. The medicated oil should be continuously taken and reheated in order to maintain the temperature throughout the procedure. The medicated oil can be used for three days consecutively and fresh oil should be used on every fourth day of the procedure.

**Signs of properly administered procedure:**

*Samyak Lakshana* of *Janu-Dhara* is not mentioned in classics. Since it is a type of *Swedana* and *Snehana*, *Samyak Swedana* and *Samyak Snehana Lakshana* can be considered. Among *Samyak Swedana Lakshana Sheetoparama*, *Stambhanigraha*, *Gauravanigraha* and *Vyadhihani* can be considered for assessment. In case of *Samyak Snigdha Lakshana Snigdha Gatratva* and *Mridu Gatratva* can be taken for assessment.

**Pashchat Karma**

After the *Taila Dhara*, light *Abhyanga* is done over the *Janu-Sandhi* for about 5 minutes.

Patient is advised to take rest for at least 15 minutes.

Patient is permitted to take bath with lukewarm water after a minimum of 1-hour time has elapsed after procedure.

**Time duration:** The *Ketakyadya Taila* should be poured for ten thousand *Matra Kala*. Hence the procedure is performed for 40-50 minutes each day, for 14 days.

**OBSERVATIONS & RESULTS**

**Table no. 1 - Assessment on Day 1, 7, 14<sup>th</sup> day**

Sl. No.	Assessment Parameter	1 <sup>st</sup> Day	7 <sup>th</sup> Day	14 <sup>th</sup> Day
1	<i>Sandhi Shoola</i>	Sever	Moderate	Mild
2	<i>Vatapurnadritisparsa</i>	Audible crepitus	Palpable crepitus	Mild palpable crepitus
3	<i>Shotha</i>	Moderate	Mild	Absent
4	<i>Prasaranakkunchana Pravriti Savedana</i>	Prevent complete flexion	Pain with winching of face	Pain without winching of face
5	Walking Distance	60 meter	100 meter	300 meter

After *JanuTailadhara* with *Ketakyadya tailam* for 14 days and with medicines for 15 days, patient reported in follow-up reduce all the symptoms.

**DISCUSSION**

*Janu tailadhara* relieves pain, stiffness and swelling associated with arthritis and other painful conditions, pacifies the morbidity of *Vata* in the affected joints, muscles and soft tissues. *Janu taila dhara* with *Ketakyadya Taila* is very effective in the management of *Janu Sahdhigata Vata*.

## CONCLUSION

Osteoarthritis is a very common condition. Advancing age and life style factors contribute in tandem to increase the trouble. Management requires multifactorial approach including lifestyle modifications, exercises, drugs to relieve pain and inflammation. *Ayurvedic* treatments that include external application of drugs, like *Janu Tailadhara*, offer advantage of immediate relief and negligible adverse effects. Patient treated and presented as this case study got remarkable result with *Janu Tailadhara* and some common *Ayurvedic* drugs. Therefore it can be concluded that use of *Bahirparimarjan Chikitsa* (classical external *Ayurvedic* treatment) in the background of accurate diagnosis can cure the patients suffering from osteoarthritis. Being safe, devoid of adverse effects, *Ayurvedic* management is the only option to avoid painful intervals, advancement of the disease and repeated use NSAIDs. Delaying of surgical intervention by few years by *Bahirparimarjan Chikitsa* is considered as great relief by the patients. Use of external therapies like *Janu tailadhara* offers additional advantage of reducing systemic exposure due to oral use of medications. This study will encourage further research in the field with evidence based methodology.

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