

A CLINICAL CASE STUDY OF *JANU BASTI* WITH A FOLKLORE MEDICINE – *VATASAMHARINI TAILA* IN *JANUSANDHIGATA VATA*

Case Report

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ABSTRACT

Sandhigata vata is the commonest disorder which mainly occurs due to *Dhatukshaya* and other *Vata Prakopa Nidan* Which limits daily life activities such as walking ,standing ,personal etc.*sandhigata vata* is a disease associated with aging . In today's era *Sandhivata* (Osteoarthritis) is that the commonest disease affecting womwn than men. In Ayurveda *Janu Sandhigata vata* is a type of *Vata Vyadhi* which nearly corresponds to osteoarthritis of knee joint.In the present case study, 62 year old female patient complaints with *sandhi shoola Sandhi Atopa* and Tenderness. Effect of *janubasti* with a Folklore medicine *Vata-samharini taila* is assessed in this case study .Janubasti is of 7 days has been advised to the patient. patient experienced relief after this panchakarma therapy symptoms are reduced as mentioned 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) .

Keyword – *Janu basti, Vatasamharini taila, Osteoarthritis, Sandhigata vata.*

INTRODUCTION

Sandhivata is the most common joint disorder, According Acharya Charaka it is labelled "*sandhigataanila*"[1]. He defined it as a disease with symptoms of *shotha* and *shoola* on joint .The swelling is palpable as an air-filled bag (*vatapoornadritisparsha*). In later stages, diminution of joint mobility is also an observable symptom [3]. Allopathic science correlates it with osteoarthritis, a degenerative joint disorder that occurs when flexible tissue at the end of a bone wears down.Osteoarthritis primarily affects the elderly population. It is a significant cause of disability in older adults worldwide . According to World Health Organization (WHO), Osteoarthritis is the 2nd commonest problem in the world population The disease is more common in women

than men with the prevalence rate of 22% to 39% In India .80% of those with osteoarthritis have limitations in movement, and 25% cannot perform their daily activities. According to Epidemiology, the prevalence of osteoarthritis in India is 22-49 % . Radiographic evidence of this disease is present and shows in most people by 65 years of age & in about 80% of persons more than 75 years of age.Presently,*Sandhivata* is generally managed with analgesics & non-steroidal anti-inflammatory drugs (NSAIDs). However, the continuous and longer use of these drugs results in adverse effects on the body. Recent research on NSAIDs indicates the increased risk of renal disease as an adverse effect of these drugs. In this case study ,a female patient with *Sandhigata vata* was prescribed for different sys-

temic and Local therapy i.e Janubasti along with Shamana Oushadhis ,which gives effective results and recovery in signs and symptoms .

Sandhigata vata

Sandhigata vata is as one among the eighty types of *vata vyadhi* described in various ayurvedic treatises. According to Acharya Charaka ,*Sandhigata Vata* is the *Vatavyadhi* in which Knee Joint pain,Swelling ,Crepitus, flexion and extension of knee joints these symptoms are seen .According to Acharya Sushruta it is with Symptoms of *Hantisandhigata, Shoola, Shopha* at the joints[5] . *sandhigata vata* description is given in Charaka samhita. *Vatapurnadritisparsha* (coarse crepitation), *shotha* (swelling) and *Prasarana akunchanapravriti savedana* (pain during flexion and extension of the joint) are the clinical features of *sandhigata vata* . localization of vitiated *vata dosha* at *janu sandhi* (knee joint) results in the development of a disease termed as *janu sandhigata vata*. This condition can be corelated with knee osteoarthritis. The line of treatment for *sandhivata* is mainly focused on the shamana of *vata dosha*. Acharya charaka explains that vitiated *vata dosha* can be best treated with the use of taila [6]. Use of *snehana* with *swedana* over the affected part is also advised in the treatment of *vatavyadhi* which helps in alleviation of pain, stiffness and improves flexibility [7].According to the modern *Sandhivata* may be corelated with Osteoarthritis . The Most prevalent Musculoskeletal disorder ,Osteoarthritis (OA) usually manifests by the time an individual reaches the age of 70 .it is the disorder that primarily affects large joints .

Janu basti

Janu basti is a very effective Ayurvedic procedure specially indicated in *Janu Sandhigata Vata* In classical ayurvedic texts,there is no direct description and references of *Janu basti*. It is like a supportive ayurvedic therapy. *Janu basti* comes under *Bahirparimarjana chikitsa* [8] as *janubasti* is a type of *bahya Snehana* and *swedana* (external oil application and sudation). In different opinion, *janu basti* can also be considered as *Snigdha sweda*. Different types of medicated tailas are used in *Janu basti* according to the disease.*Vatasamharini taila* is a folklore medicine has been taken for the present study to seeks to scientifically validate the efficiency of A-Folklore medicine *Vatasamharini taila* in the management of *Sandhigatavata* .

Case Study

History of Present Illness

A 52 years old male patient was symptomless before 01 month but gradually she had symptoms such as pain in left knee joint and difficulty while walking since 1month, stiffness in both knee joints since 20 days, and mild swelling in left knee joint since 15days and She had associated symptoms of recurrent constipation, which are type 01 in consistency After intake of analgesic there was no relief, and symptoms were getting worsened day by day. Patient was known case of hypertension since 8 years. So she approached Panchakarma outpatient department, Rajiv Gandhi education society's Ayurvedic medical college and hospital Ron India, for Ayurvedic treatment. Examination of the patient including vitals examination, *Ash-tavidha Pariksha* (eight systemic examination), and specific locomotor system examination is mentioned below and after obtaining written inform consent, the

treatment was started on inpatient department level.

Table no 1 Patient details :

Name	XYZ
Age	62 yrs
Sex	Female
Address	Jakkali
OPD	8037
Occupation	Housewife
Marital Status	Married
Socioeconomic Status	Lower middle class
Weight	65
Height	5'3

Table.No. 2 Chief Complaints with its Duration

Chief Complaints	Grade	Duration
Pain in left knee joint	3+	Since 1 month
Difficulty and pain while walking	2+	Since 1 month
Stiffness in both knee joints	2+	Since 20 days
Mild swelling over Left Joint	2+	Since 15 days

Table.No. 3 Associate Complaints with its Duration

Associate complaints	Grade	Duration
Constipation	Type 1	On and off

Vitals examination

Blood pressure - 140/80 mm Hg

Pulse -68/min

Respiratory rate 18/m

Past History ;No history of trauma or fall was reported.Medication History Patient had taken tablet amlodipine 5 mg once a day on regular basis, and tablet diclofenac 75 mg when necessary for rheumatic complaints.

Personal History

Food habits:viruddha, excessive intake of spicy food and bakery items .

Sleep: disturbed sleep due to pain.

Addiction: tobacco chewing daily (since 8years)

Family History:No significant family history was reported.Hetu and Nidana Panchakas of sandhigata Vata *Nidana Panchaka* of sandigatavata and *Hetu*

:Ahara: Dry items(ruksha),Katu rasa

Ashtavidha Parikshana

Nadi (pulse) 68/min

Mala (stool) *Aniyamita, Saam* (irregular and unsatisfactory bowel evacuation)

Mutra (urine) *Samyak* (normal)

Jeevha (tongue) *Alpa Saam* (slightly white)

Shabda (speech) *Spashta* (clear)

Sparsha (skin) *Anushanasheeta* (mild elevated temperature)

Druka (eyes) *Prakruta* (Natural)

Aakruti (posture) *Madhyama* (Medium)

Examination

LOCOMOTOR SYSTEM

Inspections

- Pain and Difficulty in both knee joints while walking for distance and sitting for long duration

- Swelling over left knee joint

- Slightly valgus deformity present on both sides

- Knee flexion deformity on Left knee
- Relaxes are intact
- No any scar
- No varicosities are seen
- No structural deformity in left knee joint

Palpation

- Tenderness present over medial side of left knee joint
- Crepitus present in both knee joints
- Affected flexion and extension of Left knee joint

Range of movement (ROM)Left knee— Flexion at left knee joint, 61°–80°extension of left knee jointRest of movements are normal

Right knee—No occurrence of any deformity

Vihara: Ativyayama (excessive body exertion),Chinta (worry),Ati jagarana (Excessive awakening at night),Chinta (worry), Vegdharana (suppression of natural urges),Shoka (grief)

Aggravating factor:Constipation, age-related degeneration[9]

Purvarupa (prodromal symptoms):stiffness in both knee joints, mild discomfort while walking.

Roopa (manifestation):Difficulty and Pain in left knee joint, crepitus is present in both knee joints, and While walking pain since 2 months, stiffness in both knee joints from 25 days, and mild swelling over left knee joint since 20 days.

Samprapti (pathophysiology of the disease): Due to above causative factors lead to *Rasadushti* and *Vataprokopa* which spreads *Vatadosha* in all body channels and leads to manifestation of Sandhigata vata.[10]

Investigations: X- ray left knee Antero-posterior and lateral view had showed space reduction in knee joint, joint overlapping of lateral epicondyle of right femur over tibia, and gross osteoporotic changes.

Diagnosis: *Sandhigata vata* (osteoarthritis)

Treatment advised: By analyzing the mentioned pathogenesis of disease in this patient, treatment plan was advised i.e *Janu basti* with A Folklore medicine *Vatasamharini taila* which is very effective in *Janusandhigata vata* .

MATERIALS AND METHODS

Informed Consent was taken from the Patient before starting the Procedure in prescribed Format at Rajiv Gandhi Education Society’s ayurvedic Medical College and Hospital Post Graduation Centre Ron.

In the present case study, 62 year old female patient suffering from *Sandhigata Vata* .Effect of *janubasti* with a Folklore medicine *Vatasamharini taila*[11] is assessed in this case study. *Janubasti* is of 7 days has been advised to the patient.

Table no 3 Treatment details –

panchakarma procedure	Drugs	Duration
<i>Janu basti</i>	<i>Vatasamharini taila</i>	7 days

TABLE NO 4 Shamana Oushadhis

Drugs	Dose	Time of Administration	Anupana	Duration

<i>Hingwashtaka churna</i>	3g BD	Before food	Lukewarm water	15 days
<i>Punarnava guggulu</i>	250 mg 2 tab BD	After food	Luke warm water	15 days
<i>Maharasnadi kwath</i>	15 mL BD	After food	lukewarm water	15 days
Tab sallaki Forte	1 tab BD	After food	lukewarm water	15 days

Treatment effect ; after 7 days of treatment follow up is on 8 th day then patient experienced significant relief in subjective parameters like *Vatapurnadritisparsha* (joint crepitations), *Sandhi Shoola* (joint pain) and *Prasarana Akunchanapravriti savedana* (pain during flexion and extension of joint). *Sandhi Shotha* (joint swelling) is completely reduced after this study.

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

1. *Tila taila* - 200ml
2. *Madhuchishta* - 10 gms
3. *Shaala (Sarja Rasa)* - 10 gms
4. *Sphatika* - 10 gms
5. *Guggulu* - 10 gms
6. *Saindavalavana* - 10 gms
7. *Nadi hingu* - 10 gms
8. *Hingula* - 10 gms
9. Masha flour - 01 kg
10. Spatula - 01
11. Small piece of sponge - 01
12. Water - As per requirement

Method : Procedure of *Janu basti* ,Firstly *masha pisti* (Paste of black gram)is prepare by adding sufficient quantity of water the patient is asked to sit erect on the table with extended Knee Joint.then Knee joint is exposed properly and Gentle Abhyanga is to be done over the lower limbs. After this, *masha pisti* is applied as a circular shape wall with height of 4 *angula* over the knee joint. This circular boundary of *masha pisti* is allowed to settle for 5-10 min, this is known as *basti yantra*. Precau-

tion should be taken for taila leakage from *basti yantra*. *Vatasamharini taila* is heated and by using small piece of sponge it is poured in the *basti yantra* up to the level of 2 *angula*.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 to be carried out for 30 mins.After this, taila is drained out from the *basti yantra* and then *masha pisti* is removed.

Therapy schedule - In this case study, therapy sessions was given to the patient. Each therapy session is of 7 days and assessment of the parameters was done before therapy and at the end of each session.

Assessment parameters

1. *Vatapurnadritisparsa* (joint crepitations)
2. *Shotha* (joint swelling)
3. *Sandhi shoola* (joint pain)
4. *Prasaran akunchana pravriti 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. *Prasarana akunchana pravirti savedana* (pain during flexion and extension of joint)
- **Grade 0** No Pain
 - **Grade 1** Pain without winching of face

- **Grade 2** Pain with with winching of face

- **Grade 3** Prevent complete flexion

Results: Assessment of the patient was performed in terms of clinical features the patient experienced significant relief by the *Janubasti* with *Vatasamharini taila*, in subjective parameters like *Vatapurnadritisparsa* (joint crepitations), *Sandhi Shoola* (joint pain) and *Prasarana akunchanapravriti savedana* (pain during flexion and extension of joint). *Sandhi Shotha* (joint swelling) is completely reduced after this study .

Table.No. 4 Subjective Parameters Before treatment and After treatment

Sl no	Subjective Parameters	Before treatment	After treatment
01	<i>Vata poorna driti Sparsha</i>	3	1
02	<i>Sandhi shotha</i>	2	1
03	<i>Sandhi Shoola</i>	3	0
04	<i>Prasaranakunchana pravriti asvedana</i>	2	0

DISCUSSION

Excessive intake of Snigdha Padarta ,Excessive Physical activity or walking , direct injury, suppression of natural urges are some of the common factors that aggravate *vata dosha* .As *vata* gets prakopa, its *guna* (properties) like *ruksha* , *shita* , *laghu* , *chala* all these gunas will be increased from their normal levels . Using of drugs and formulations having opposite *gunas* like *sneha* , *ushna* , *guru* and *sthira* are advised to normalise the prakupita *vata dosha* [12].In the development of *vata vyadhi*, it is mentioned that aggravated *vata* occupies the empty space of the body channels/body parts. In *janu sandhigata vata*, *ruksha* (dry) and *shita* (cold) *guna* are mainly aggravated which leads to *dhatu kshaya* (joint degeneration). In this case study, Initially patient had severe joint pain and swelling over the joint. After the panchakarma

therapy i ,e *janu basti*, these symptoms are significantly relieved.After *janu basti* Audible joint crepitations are also reduced, Pain during joint movement of joint is very extensive feature of *janu sandhigata vata*. After the session of *janu basti* therapy, this symptom is very significantly alleviated. *Nadi swedana* is one type in the thirteen types of *swedana* indicated in the treatment of *vata vyadhi* [13]. In this study,Ather the Janu Basti Swelling over the joints is completely reduced followed by *nadi swedana* . It may be due the effect of A Folklore medicine *Vatasamharini taila* and ingredients of this *taila* predominately have *shoolahara* *shotha-hara*(inflammation) property

CONCLUSION: In elderly people *Janu sandhigata vata* (knee osteoarthritis) is a very prevalent musculoskeletal disease. It is chiefly caused by vitiated *vata dosha*. This case study concludes that a

folklore medicine *Vatasamharini tail Janu basti* is very effective in the management of *janu sandhigata vata*. As present study is a single case report hence result obtained in this study are needed to be re accessed by conducting similar work on larger sample size. Validation of present findings is want to create specific guideline for management of *Sandhigatavata*.

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