

**Multimodal Ayurvedic management of Janu Sandhigata Vata  
(Osteoarthritis of Knee Joint)****Mallya Suma V**

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Udupi, Karnataka, 574 118**Abstract:**

*Janusandhigata vata a degenerative disease affecting knee joint(Janu snadhi); pain, swelling, decreased mobility of the joint, stiffness of affected area being main features.*

*Ayurveda advocates a set of external application which include Abhyanga(oleation), Lepa(application), Upanaha(poultice), Bandha, Agnikarma; and few internal medication such as Mriduvirechan, basti, shamanoushadhi. A single case study of Januasndhigatavata was treated as per above said medicaments/ procedures, has given better improvement.*

**(Key words:** *Janusandhigata vata, Abhyanga, Mriduvirechan, basti, shamanoushadhi*)

**Introduction:**

*Sandhigata vata* a painful condition of the joints explained in *Ayurveda* can be compared to Osteoarthritis due to proximity of symptoms. The advancing age combined with indulgence in aetiological factors like exercises, intake of hot, dried substances etc leads to aggravation of *Vatadosha* which gets lodged into joints, causing degenerative changes in those areas. When these degenerative changes occurs in knee joint (*Janu snadhi*), it is called as *Janusandhigata vata*. Knee joint is more prone to, as it is the weight bearing joint and hence subjected to more of stress when compared to others. Swelling of affected joint, pain in knee joint during activity which subsides by rest, feeling of warmth at joint area, decreased mobility of the joint, stiffness of affected area early in the morning or after long periods of inactivity along with crackly sounds during movement of the joints are the cardinal features of this disease. In modern parlance Osteoarthritis is defined as a condition of synovial joints characterized by focal loss of articular hyaline cartilage with proliferation of new bone and remodelling of joint counter. NSAIDS are over the counter prescriptions for OA, simultaneously added with side-effects.

*Ayurveda* advocates combination of external application and internal medication. Modalities of external application include *Abhyanga*(oleation), *Lepa*(application), *Upanaha*(poultice), *Bandha*, *Agnikarma*; whereas internal medication consists of *Mriduvirechan*, *basti*, *shamanoushadhi*. Though many successful treatment events happen in clinical practice, keeping of their record and publication is less. Hence a single case of *Janusandhigatavata* was observed as per *Ayurvedic* parameters, and treatment procedures recorded, depicted in this paper . A single case study of *Januasndhigatavata* was treated as per above said medicaments/ procedures.

**Case report**

53 year old Hindu married home maker lady patient visited *Sri Dharmasthala Manjunatheshwara* hospital Udupi (6/06/2017) with OP 307830 and IP 121753 for the main complaint of pain in right knee joint with slight swelling since 2 months. A detailed history of the patient revealed that the patient was apparently normal before 2 months. Suddenly she developed pain in the right knee joint, and pain used to aggravate after long standing, walking specially during sitting position. She said to applied certain liniments over the affected joints, but the relief was momentary.

The intensity of pain aggravated along with little inflammatory changes over the affected joint area. There was no history of trauma, radiation of pain, redness over the affected area, deformities or any surgical intervention over the knee joint. The patient was not a known DM /HTN. According to her statement pain used to aggravate after excessive walking, climbing stairs and while sitting in squatting position. The peculiar characters of pain were of aching in nature, dull, continuous, affecting right knee joint.

Personal history revealed that patient was vegetarian, with good appetite. She used to live in a joint family where she had a lot of house hold work and she also used to work in a rice mill as a supervisor, where she had to stand for 10-12 hours a day. There was no history of constipation and frequency of micturition was 4-5 times per day. She had a disturbed sleep due to joint pain. She underwent hysterectomy 11 years back because of uterine fibroid.

The general examination of the patient showed unaltered gait with normosthenic built with a body weight of 61 Kg. There was a slight edema over the right knee joint. Vitals being pulse rate of 76/min, respiratory rate 20/min, blood pressure of 150/90 mm of Hg. General examination of bilateral knee joints given away the absence of scars, redness, rashes, deformities of any kind and muscle wasting. There was a slight swelling over right knee-joint. Palpation of affected area has shown the presence of tenderness without any effusion. Range of active as well as passive movements were possible with pain at right knee joint. Crepitus found positive over both knee joints. Total cholesterol (260mg/dl) and LDL (151 mg/dl) was on upper limit (Table No.1). Radiological findings of right knee revealed early osteoarthritis changes.

Looking into signs and symptoms in the differential diagnosis *Sandhivata*, *Vataraktha*, *Kroshkaka sheersha*, *Amavata* were considered. As there was no any burning sensation *Vataraktha* and *Kroshutka sheersha* were excluded. *Amavata* was excluded as there was no loss of appetite, body ache or fever. Based on clinical presentation along with radiological findings the patient was diagnosed as a case of *Janausandhigatavata*.

Patient was admitted in IPD and following treatment was started.

1. *Triphala kwatha* 60 ml along with *Gandhrrav hastadi eranda taila* 10ml at 5.30 am for 5 days
2. Tab. *Shallaki* MR 1-0-1
3. *Vishamushti Vati* 1-0-1
4. *Sootheshekhara rasa* 2-2-2

Following procedures were started

1. *Nadisweda* without *Abhyanga* twice a day
2. *Jambeera patra panda sweda* over right knee joint once a day

The medicines were procured from outpatient dispensing section SDM Hospital Udupi. Patient was discharged after a week with following medicine and asked to come for a follow up of after 1 month.

1. Tab. *Shallaki* MR 1-0-1
2. Tab *Shiva gutika* 1-0-0
3. Tab *Soothshekahra rasa* 1-0-1
4. *Kottamchukkadi taila* for E/A

The patient had slight relief in pain during discharge. And her Blood pressure was 130/90 while discharge. *Surya namaskara*, *Bhujanagasana* and *Sarvangasana* were instructed to practise daily.

After 1 month patient was almost asymptomatic, without any tenderness or pain over the joint. Body weight was reduced and blood pressure was 130/80 and lipid profile has shown normal parameters.

**Discussion:**

*Sandhigata vata*(Osteoarthritis) is a degenerative disease of joints which may affect any joint but most commonly distressing knee joint as it's the weight bearing one, hence the diagnosis as *Janusnadhigatavata*.

*Mriduvirechana* is a commonly employed measure in *Sandhigatavata*. *Gandharavahastadi eranda taila* and *Triphala kashaya* both have *anulomana*, *vatakaphahara*, *medohara*, *srotshodhana* and *bhedana*. *Mriduvirechana* or *anulomana* forms as a first remedy in *vatanulomana* and *srotoshodhana*.

*Nadiswedana* is a type of *sagnisweda*, specially indicated in symptoms like *Stambha*(stiffness), *Gourava*(heaviness), *Shula*(pain), *Sankocha*(contraction or flexion), *Ayama*(extension). These are the common clinical presentations in *sandhigatavata*. *Naadisweda* with *Dashamoola kashaya* definitely relieve in above symptoms.

*Patrapinda sweda* is a type of *upanaha*(poultice sudation) where medicaments are tied in around the affected joint specially indicted in *Sandhigatavata*. Drugs used for this poultices like *Jambeera*(*Citrus medica* Linn.), *Lashuna*(*Allium sativum* Linn.), *Sandhava lavana*(Rock salt), *Haridra*(*Curcuma longa* Linn.), *Kulatha*(*Dolichos biflorus* Linn.), *Methika*(*Triginella foenum graecum* Linn.), *Yava*(*Hordium vulgare* Linn), *Shatpushpa*(*Anethum sowa* Kurz.) *Narikela*(*Cocos nucifera* Linn.) are *Ushna*, *Teekshna*, *Vatahara*, *Vedansthapaka*, *Snigdha* nature which help in relieving pain and local stiffness.

Palliative treatment, in the form of oral medicine helped in bringing out normalcy of vitiated dosha, and rejuvenation of body tissues. *Shallaki* MR a patent drug is a combination of *Shallaki*(*Boswellia serrata* T&P) and *Langali*(*Gloriosa superba* Linn.) , both of which are analgesic, anti-inflammatory.

*Vishamushti vati* poly herbal compound restrain purified *Kupeelu*(*Strychnos nux-vomica*), *Maricha*(*Piper nigrum* Linn.) and *Indravaruni*(*Citrullus colocynthis* Linn.), which are indicated in *Vatavyadhi chikitsa*. *Soothshekara rasa* a herbomineral formulation suggested as pain reliever and pacifier of aggravated physiological factors.

Thus *Vatanulomana*(downward movement of *Vatadosha*) was first measure which helped to relieve *vata* and *srotoshodhana*(clearing of circulatory pathways), *Swedana*(sudation therapy) through relieved *Stambha*(Stiffness), *Sankocha*(flexibility), *Sheeta*(coldness), *Shula*(pain). Other oral medications helped in *Vatahara*(Pacifier of *vata*), *Vedanasthapana*(analgesic), *Shothahara*(anti-inflammatory), *Deepan-pachana*(digestive).

**Conclusion:**

*Janusadhigatavata* is degenerative disease of joint, where *Anulomana*, *Swedana* and *Vata dosha* pacification drugs are the indicated as per classical references. A single case study of *Janusadhigatavata* was treated as per above said medicaments/ procedures. As per severity, personality, seasonal variation, dietary pattern, occupation pattern changes can be made in treating this particular *Vatavyaadhi*.

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