

A REVIEW ON PAIN MANAGEMENT THROUGH JANUBASTI WITH NIRGUNDI TAIL IN SANDHIGATA VATA W.S.R. OSTEOARTHRITIS

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ABSTRACT

Osteoarthritis is the most common form of arthritis characterized mainly by pain, bony swelling and functional restriction of the joint. It commonly presents unilaterally in the knee joint, which is the most important weight bearing joint in the body. Osteoarthritis of the knee joint is the most common joint disorder seen in elderly people and obese person. Due to similarities in signs and symptoms, it can be very much correlated to Janu sandhigata vata. Sandhigata Vata is one among the 80 Nanatmaja Vata Vyadhies. According to Ayurveda, Snehana, Svedana, Dahana and Upanaha are the prime modalities of treatment in the management of Sandhigata vata. These are mostly aimed at Bramhana. Sushruta has mentioned the treatment for Sandhigata vata as Snehana,. Janubasti is one of the modalities of

treatment commonly adopted in the management of Janu sandhigata vata. According to Dhanwantari nighantu Nirgundi Leaves are used therapeutically in Shula, Shopha, Vatavyadhi, Janu basti with Nirgundi tail prepared from leaves has promising effect in pain in osteoarthritis And as Acharya Charak also has described bahiparimarjan chikista for various diseases. Janu basti (external oleation) is the one type of bahiparimarjan chikista.

KEYWORDS: Nirupstambhit janusandhigata vata, Nirgundi tail, Janubasti, Bahiparimarjan chikitsa.

INTRODUCTION

In Ayurveda, the disease Sandhigatavata is described under Vatavyadhi in all the Samhitas and Sangraha Granthas. It is mentioned to have the clinical features like swelling in the joints and pain during the joint movements. It is said to be caused by the excessive intake of vata vrudhi kara ahara like katu, tikta and kashaya rasa pradhana dravya and ativyayama (excessive strain or stress to the joints) or abhighata (injuries). Janu sandhigata vata is caused by 2 factors i.e. a) Avarana janya b) Dhatu kshaya janya.^[1] There is no treatment available which can prevent or reverse or block the disease process. The disease is managed by NSAID'S, analgesic drugs, physiotherapy & corticosteroids etc. These drugs are very costly and side effects. Even the surgical treatment does not provide complete relief. Acharya Charak has mentioned common treatment for vatavyadhi i.e. repeated use of snehan & swedana, Basti & mrudu virechan meanwhile Acharya Sushrut has mentioned the treatment for sandhigata vata or sandhigata vata clearly as snehana, upanaha, agnikarma, bandhana & unmardana.^[2] Acharya Vagbhat Acharya Vagbhat has also mentioned snehan, swedan and mrudu samshodhan in vataj vyadhi.^[3] Role of janu basti in janu sandhigata vata is based on Bahiparimarjan chikista advocated by acharya Charak.^[4]

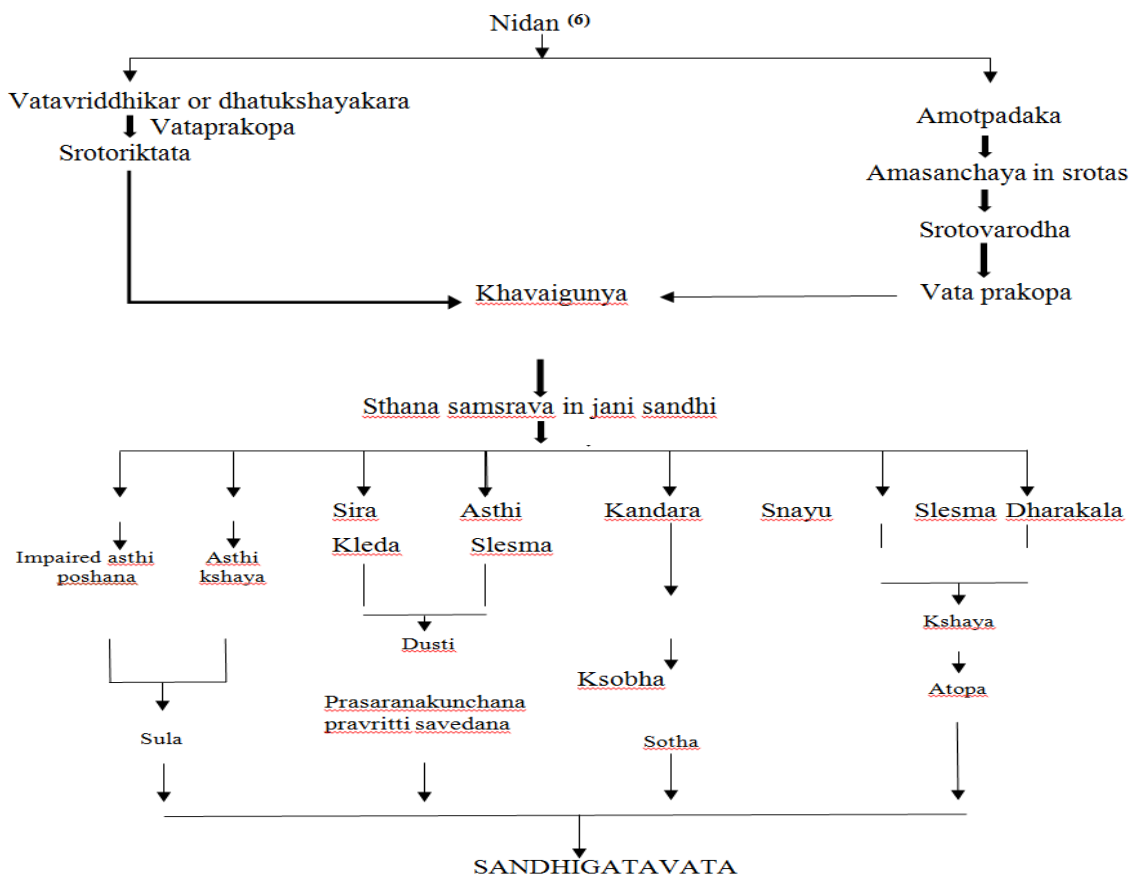
The disease is comparable with osteoarthritis. Osteoarthritis is a degenerative joint disease due to the degradation of the joints, the articular cartilages and subchondral bone. It is caused by the mechanical stress to the joints and produces the symptoms like joint pain, swelling, stiffness etc. Even though the disease affects any joint in the body, most commonly involved joints are major joints and weight bearing joints of the body like hip and knee joint. Due to the life style, Indians suffer from knee joint osteoarthritis whereas western country suffers from hip joint osteoarthritis commonly. The incidence of this disease increases with the age and the prevalence is more in females (25%) when compared to the males (16%). Almost all persons by Age 40 have some pathologic change in weight bearing joint. The reported prevalence of Osteoarthritis from a study in rural India is 5.78%. Obesity, Occupational knee bending, Physical labour etc., are some of the predisposing factors for the disease. It has become one of the major causes for the knee replacement surgeries. Hence an attempt has been made to critically analyze the aetio-pathogenesis of the disease and the drugs that are useful for the management of the disease osteoarthritis.

Etiology

Ruksha, Laghu, Sheeta, Katu ahara and vihara like Ati Vyayama, Langhana, Abhigata. In Manasika like Chinta, Shoka, Bhaya are the causative factors of the disease. In Kalaja factors, Shishira and Greeshma ritu are the major seasons where the patients get affected or have the increased incidence of the disease. Other factors like weakness during diseased state (Rogatikarshana) and injury to the marma sthanas (Marmaghata), emaciation (Dhatu Kshaya) etc are considered as the causative factors for osteoarthritis, Margavorodha are comes under Vishsha Nidana Clinical features: The disease may not show any poorvaroop. But the clinical signs and symptoms include joint pain (Sandhi vedana, Sandhi Shotha), Vatapoorna druti sparsha, pain and tenderness during the movements of the joints (Prasarana akunchana pravrutthi savedana), crakling sounds (Atopa) and degeneration of the joint (Hanti sandhi).

Samprapti Ghatakas^[5]

- Nidana: Vata Prakopaka Nidana
- Dosha: Vata esp. Vyanavayu, Shleshaka Kapha
- Dushya: Asthi, Majja, Meda
- Srotas: Asthivaha, Majjavaha and / or Medovaha



Differential Diagnosis^[7]

Differential Diagnosis: Factors	Jaanu Sandhigata vata	Amavata	Vatarakta	Koshtrukashirsha
Amapradhanya	Absent	Present	Absent	Absent
Jvara	Absent	Present	Absent	Absent
Hridgaurava	Absent	Present	Absent	Absent
Prone age	Old Age	Any age	-	-
Vedana	At Prasarana Akunchana Pravritti	Vrischik Dansha Vata and Sanchari	Mushika Damshavat Vedana	Tivra
Shotha	Vatapurna Driti sparsha	Sarvang and Sandhigata	Mandala yukta	Koshtruksa Shirshvat
Sandhi	Weight bearing Joint (Knee Jt.)	Starts from small Jt. later effects big Sandhi	Small Sandhi	Only Jaanu
Upashaya	Abyanga	Ruksha Svedana	Rakta Shodhana	Rakta Shodhana

AIMS AND OBJECTIVES**Aims**

To study the management of nirupastambhit janusandhigata vata with nirgundi taila janu basti.

Objectives

1. To study the efficacy of nirgundi taila janu basti in janusandhigata vata.
2. To study the action of janu basti in janusandhigata vata.

MATERIAL AND METHOD

As the study is a review study, the available literature like the samhitas and other books are searched for the disease and all the relevant content is considered and analyzed to get a comprehensive concept in the management of the osteoarthritis.

Material

Collection of following materials are required for the smooth execution of the procedure.- masha (black gram flour) 500gm Nirgundi oil^[8] 300 ml Fiber yantra(ring), cotton one small bundle.

Properties of Nirgundi

Rasa-Katu, Tikta

Guna-Laghu, Rooksha

Virya-Ushna

Vipaka- Katu

Method

(Janu basti procedure): First masha pishti was prepared by adding adequate quantity of water to the black gram flour. Patient was asked to sit erect and extend the lower limb on the table comfortably. The affected knee was exposed properly. Then the fiber mantra(janubasti yantra) was placed over the janu sandhi. The gap between ring and patient's skin was properly sealed with black gram paste. It prevents the leakage of medicine retained in the cavity. The height of the janubasti yantra was 4 angula. Then gently heated luke warm oil was poured slowly and carefully on the janusandhi along the side of the bastiyantra. The heat of the oil was sufficient enough (45°C) to be tolerated by the patient. The level of oil was 2 angula above the highest point inside the cavity. As time passes the oil gets cooled and it is replaced with the heated oil every 5 minutes so that the constant temperature was maintained through out the procedure. This procedure was carried out for 35 minutes. After the specified time oil was removed from the basti yantra and then basti yantra was removed. After removing the dravya and basti yantra massage was done in circular motion for 5 min. covering the whole aspect of knee joint.

Benefits of Janu Vasti

- Relieves pain in the knee joints and legs
- Relieves stiffness in the knee joint
- Relieves swelling and inflammation in the knee joint
- Brings lightness and a sense of health in the knee and legs
- Improves movements of the knee joints and enable us to move and work freely
- Strengthens the knee joints and the related structures
- Soothes the nerves supplying the knee joint and the surrounding structures
- Enhances blood supply to the knee joint and soft tissues around

Probable mode of action of Janu Vasti

Almost all pains are caused due to –

- Aggravation of Vayu (mainly degenerative types of pain) – This further leads to depletion and degeneration of tissues.
- Avarana of Vayu (enveloping of smooth functioning of Vayu by one or the other element of the body including Pitta, Kapha, Dhatus – tissues, etc).

- Ama – Sticky toxins produced as a result of low digestion (gut and cellular) which hamper the smooth functioning of Doshas and Dhatus and block the excretion of body wastes by blocking them.
- High Pitta can cause inflammatory type of pain in the knee joints.
- High Kapha can cause stiffness and loss of movements in the knee joints.

CONCLUSION

Janu basti is kind of bahya snehan and swedan procedure. Snehan mainly acts against ruksha guna caused by vata and Swedan mainly act against sheeta guna It also reduces Stambha and Gauravta. Nirgundi has Vatashamak and Vedanasthapan property.^[9] Shoola (pain) was subsided due to shaman of vata which is prime reason for shoola,. Joint stiffness is reduced by ushna veerya of nirgundi and warmth produced during the procedure. Thus reduced in pain and stiffness improves the gait of patient. Janu basti with Nirgundi taila has Snigdha property that would have lead to the reduction in crepitus which is caused due to Ruksha guna of Vata. Acharya Charak has advocated use of nirgundi in vataj vyadhi as follows.^[10] Nirgundi tail is used in vataj vyadhi for massage & puran, here in janu basti this oil is used as puran (retention of oil). In nirgudi tail janu basti oil is absorbed through skin & produce an action according to the properties of nirgudi.^[11] Nirgundi has vedana sthapan, shothahar & rasayan properties. This helps in vata shaman and nourishes dhatu due to its brimhan property. Because of shoolahara and shothahara effects of nirgundi tail upashaya occurs. Janusandhigata vata being a vataj vyadhi with dhatukshaya as its resultant, Snehan would be an ideal line of treatment. Janu basti may act as Snehan and Swedan, since in this disease vata is predominant so as degeneration. Kshaya of snehadi guna is seen. Snehan helps in bringing back the sthanik kapha dosha to normalcy due to its similarities in its gunas.

REFERENCE

1. Bramanand Tripathi, Charaka Samhita Chikitsa Sthana 28, pg.no.954.
2. Anant Ram Sharma, Sushruta Samhita Chikitsa Sthana (Su chi 4/8) Pg no 205. By Chaukhamba Subharati.
3. P.G. Athawale (A.H Su 13/1-3), Ashtang Hridaya Sutrasthan.
4. K. N. Shastri and G. N Chaturvedi, Charaka Samhita Sutra Sthana (11/55) Vidyotini Hindi Commentry by (2013) Reprint edition, Chaukhambha Bharati Academy.
5. Prof. Ajai Kumar Sharma, KAYA CHIKITSA textbook part III, Pg. no. 57, Edition 2010, By Chaukhamba Publishers.

6. Nagesh Gandagi, Shubhangi Patil, A review on Sandhigatavata and its Management Principles.
7. Prof. Ajai Kumar Sharma, KAYA CHIKITSA textbook part II, Pg. no. 535, Edition 2010, By Chaukhamba Publishers.
8. K. N. Shastri and G. N Chaturvedi, Charaka Samhita Chikitsa Sthana (28/134-135) Vidyotini Hindi Commentry by (2013) Reprint edition, Chaukhambha Bharati Academy.
9. Dr Vaman Ganesh Desai, Aushadhi Sangraha, Rajesh Publication Part 2 pg no 105.
10. Bramanand Tripathi Charaka Samhita Chikitsa Sthana 28/134.
11. Ghosh TK, Banga AK. Methods of enhancement of transdermal drug delivery: part IIA, chemical permeation enhancers. Pharm. Techno., 1993; 17(4): 62.