



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

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KEYWORDS :

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 62 year old male patient with chief complaint of pain over left knee joint since 3 years, visited the OPD with registration no. 19030836 dated on 12.11.2019. 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-

1. Masha (black gram) flour – 1 kg
2. Mahanarayana taila – 500ml
3. Dashmoola kwath – 2 litres (for nadi swedana),
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 were 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 sessions.

Assessment Parameters

1. Vatapurnadritisparsha (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. Vatapurnadritisparsha (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 session After 2nd session

1. Vatapurnadritisparsha 3 2 1
2. Shotha 2 1 0
3. Sandhi shoola 3 1 1
4. Prasaranakkunchana pravriti savedana 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 to the effect of Dashmoola because herbs included in Dashmoola predominantly 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 by Dashmoola Kwath Nadi Swedana is very effective in the management of Janu Sandhigata vata.

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