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A COMPARATIVE STUDY OF AGNIKARMA WITH GUD AND ERAND TAIL IN PAIN MANAGEMENT OF JANUSANDHIGATA VATA W. S. R. TO OSTEOARTHRITIS (KNEE JOINT)

Ayurveda

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ABSTRACT

Vata vyadhi is one among Ashta Mahagada. Sandhigata vata is vata vyadhi which occurs in joints, characterized by Sandhishool and Sandhishopha. A commonly affected joint is the 'Janusandhi'(knee joint).
Acharya Sushrut says that snayu, sandhi and asthigatavikara should be treated by Sneh, Upnah, Agnikarma, Bandhan and marana karma.
In modern science according to symptoms we can correlate Janu Sandhigata Vata to Oesteoarthritis of knee joint.
In present study a total of 60 patients were selected and randomly divided into two groups. In group A 30 patients were treated with Agnikarma with Gud by specific instrument. In group B 30 patients were treated with Agnikarma with Erand by Panchdhatu Shalaka. Agnikarma will be done on day of enrollment. If no upashaya in the lakshna is seen on day 5 (1st follow up) then Agnikarma with the same drug will be perform again on that day itself and assessment criteria's of study will be recorded on 5th, 10th, and 15th day.
Observation and statical analysis showed that *Agnikarma* with Erand tail and Gud showed equal therapeutic effects in *Janusandhigata Vata.*

KEYWORDS

Sandhigata Vata, Janu Sandhigata Vata, Oesteoathritis of knee, Agnikarma, Erand tail and Gud.

INTRODUCTION

Sandhigata Vata is *VataVayadhi* which occurs in joints, characterized by *Sandhishool* and *Sandhishoph*. A commonly affected joint is the *'JanuSandhi'* (knee joint).

हन्तिसंधिगतःसन्धीञ्शूलशोफौकरोतिच। (सु.नि.1।2)

In Janu Sandhigat Vata pain is inevitable. Janu Sandhigat Vata causes pain, which is inevitable. Janu Sandhigat Vata is among those which create temporary and permanent loss of joints function mainly due to Sandhi Shoola or joint pains among which janusandhi shool cause more difficulty in walking. If janu marma is residing in janusandhi pain will be severely and elicited on injury and diseases.

Vata vyadhi is one among Ashta mahagada, Sandhigatavata is listed as one amongst Vatavyadhi. Janu Sandhigata vata is a clinical condition in which structural and functional derangement of joints occurs because vitiated vata gets lodge in the joints. Sushruta specifically mentions that in Sandhigata vata, shoola and shopha are the main clinical features. So reducing pain plays an important role in Sandhigata Vata.

In counteract this, *Acharya Sushrut* says that *Snayu, Sandhi* and *Asthigatavikara* should be treated by *Sneh, Upnah, Agnikarma, Bandha and Mardan karma.*

Agnikarma: -

Treatment by heating of tissue was a well known tool. ***Agnikarma*** is said to be one of the best, para surgical procedures. It is considered to be *'ROGANAM APUNARBHAVAM'* means disease which is treated with *Agnikarma* never recurs.

क्षारदग्निर्गरीयान्क्रियासुव्ख्यातःतद्वग्दानांरोगाणाम्।
रोगाणामपुनर्भावाद्वेषजशस्त्रक्षारैरसाध्यानांतत्साध्यत्वाच्च।। (सु.सू.12/3)

In ayurvedic literatures several methods of treatment like Snehana, upanaha, Agnikarma, Raktamoksana etc are advised for VatabVyadhis. Among these Agnikarma due to its usna Suksma, Asukari guna pacifies the Vata Kapha Dosa and removes Srotavarodha. Patient is effectively relived from stiffness, pain and other associated symptoms.

स्नेहोपानाहग्निकर्मबंधोन्मर्दनानिच।
स्नायुसन्ध्यस्थिसंप्राप्तेकुर्याद्वायावतन्द्रितः।।।(सु.चि. 4/8)

Agnikarma can be done in *Twacha, Mamsa , Sira, Snayu, Asthi. And Sandhi. Sushrutacharya* has narrated about the particular *dravyas* to be used for *Agnikarma* on specific site. *Gud* and *Sneh (ghrit, tail, vasa* and *majja)* is use for *Sandhigata roga*.

पिप्पल्यजाशकृदोदंतशरशलाकाजांबवौष्ठेतरलौहाःक्षौद्रगुडस्नेहश्च।
तत्रपिप्पल्यजाशकृदोदंतशरशलाकात्वग्गतानां, जांबवौष्ठेतरलौहाः मांसगतानां,**क्षौद्रगुडस्नेहाःसिरास्नायुसंध्यास्थिगतानाम्** ।(सु.सू.12/4)

Oesteoarthritis and management : -

In modern science, according to symptoms we can correlate **JANUSANDHIGATA VATA to OSTEOARTHRITIS OF KNEE JOINT.** Osteoarthritis is a degenerative wear and tear process. Osteoarthritis include both inflammatory and degenerative lesion of a joint.

Thus Sandhigata Vata can be correlated with Osteoarthritis as both are having the same clinical features where pain is primary.

As per modern science NSAIDs, analgesics and steroids are the treatment modalities which are having its own limitations with more of side effects. Injections of steroid will sometime reduce pain dramatically but the effect will only be temporary but also cause dependence. Prolonged use of NSAIDs has ill effects such as gastritis etc.

It is characterized by pain and restriction of movement at a joint. Obvious swelling or thickening present on knee joint. More common in female. Treatment is in initial stage are physiotherapy, analgesic, supportive bandages and in later stage osteotomy, arthroplasty and arthrodesis.

In context of Janu *SandhigatVata*, we plan to use *Bindu* kind of *Agnikarma* in *JanuSandhi* on maximum tenderness point. In present clinical study, patients suffering from Janusandhigata shoola are subjected for Bindu prakara of Agnikarma with Erand taila for one group and Agnikarma with Gud for another group was undertaken. Go – ghrita was externally applied at the site for the Agnikarma group. In both groups needed and suitable physiotherapy and Tablet calcium 1gm with Vitamin D3 1000 IU, Once in a Day, given for 1 month.

सम्यग्दग्धमनवगाढंतालफलवर्णसुसंस्थितंपूर्वलक्षणयुक्तञ्च।(सु.सू.12/16)

Agnikarma done on Day of enrollment (after require investigation). If no *Upashaya* in the *lakshna* was seen on Day 5(1st follow up) then *Agnikarma* with the same drug performed again on that day itself.

And assessment criteria's of study recorded on 5, 10 and Day15.

MATERIALS AND METHOD

MATERIALS :– Organic Gud, Erand tail, Shalaka, Special designed Instrument, Goniometer scale, Tablet calcium 1gm & Vit D3 1000 IU

and Go - Ghrit.

METHOD :-

60 patients of Janu Sandhigata Vata.

- Group A (30) – *Bindu vat Agnikarma* with *Gud,* using specially designed instrument.
- Group B (30) – *Bindu vat Agnikarma* with *Erand tail,* using *Panchadhatu Shalaka.*
- OPD and IPD basis patients of Janu Sandhigata Vata were taken.
- Separate case paper was designed for evaluation of patients.
- Selection of the patients was done irrespective of sex, religion, socioeconomic class.

PROCEDURE

Pre - Procedure: Cleaned with Povidion Iodine solution.

Procedure: In context of *Janu SandhigataVata* we used *Bindu* type of *Agnikarma* on the most tender point.
In Group A – *Bindu vat Agnikarma* with *Gud,* using special instrument.

In Group B – *Bindu vat Agnikarma* with *Erand tail,* using *Panchadhatu Shalaka.*

Observe for Samyaka Dagdha Lakshan :

सम्यग्दग्धमनवगाढंतालफलवर्णसुसंस्थितंपूर्वलक्षणयुक्तञ्च।

(सु.सू.12/16)

In both groups needed and suitable physiotherapy and Tablet calcium 1gm with Vitamin D3 1000 IU, Once in a Day, will be given.

Study will include 60 patients due to 2.5% prevalence of *JanuSandhigataVata* in BharatiVidyapeeth hospital of Ayurveda, Katraj; Dhankawdi, Pune (India).

Post - Procedure: Applied go - ghrit.

Agnikarma done on Day of enrollment (after require investigation). If no *Upashaya* in the *lakshna* was seen on Day 5(1st follow up) then *Agnikarma* with the same drug performed again on that day itself.
And assessment criteria's of study recorded on 5, 10 and Day15.

INCLUSION CRITERIA:

- Patients presented with pain in knee joint and diagnosed as *SandhigataVata.*
- Age between 40 to 80 year.

EXCLUSION CRITERIA:

- Gout
- Rheumatoid arthritis
- HIV
- Diabetes
- Knee joint effusion.

INVESTIGATION

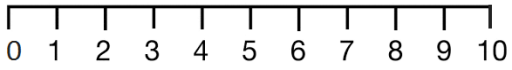
- X ray of knee joint (ANTERIOR POSTERIOR view and LATERAL view)
- BSL – Fasting and Post Prandial
- HIV
- Serum calcium
- RA factor (if required)
- Vitamin D3 (if required)
- Serum Uric Acid (if required)

PARAMETERS OF ASSESSMENT

Subjective and objective parameter before and after the treatment will be compared and statistically analysed.

SUBJECTIVE PARAMETER:

PAIN**: -** Pain will be calculated with Visual analogue scale.



OBJECTIVE PARAMETER:

1) Range Of Motion: - (before and after treatment result will be note down) Find out with the help of Goniometer scale.

2) *Shandhishoph:*

Present – 1
Absent – 0

DIAGNOSTIC CRITERIA

Patient will be clinically diagnosed on the basis of symptoms of *JanuSandhigataVata* (osteoarthritis of knee joint) explained in *Ayurvedic* and Modern texts.
1) *Shool*
2) *Shoph*
3) *Sandhikriya-kashtata.*

OBSERVATION CHART:

LAKSHNA	DAY 0	DAY 5	DAY 10	DAY 15
PAIN				
ROM				
SWELLING				
OTHER SIGN				

RESULT

Overall effect seen on the basis of on the improvement of subjective and objective parameters.

In group A- pain reduced - 69.70%, Sandhishoph reduced – 51.61%, crepitus reduced -62.07%, flexion on rom increased – 3.88%, extension increased – 22.92%.

In group B- pain reduced – 76.92%, Sandhishoph reduced – 68.97%, crepitus reduced -68.97%, flexion on rom increased – 4.16%, extension increased – 34%.

The clinical trial in JANUSANDHIGATA VATA was carried out using AGNIKARMA WITH ERAND TAIL and GUD. It was found that both show equal therapeutic efficacy in relief from pain caused by JANUSANDHIGATA VATA .

DISCUSSION

Sandhigata vata which occurs due to a combination of kapha and vyan vata. These in turn cause the lakshan i.e shaitya and shoola. To counter and successively treat this disease the risk and contributory factors must be eradicated. This can be done optimally via Agnikarma. Agnikarma causes localized heat transfer to affected site hence causing vasodilatation which in turn leads to a counter to the effects of kapha and vyan vata. The vasodilation alleviates the shaitya and shoola thus making the patient more ambulatory and improving the quality of life. Even though countering the effects of vata and kapha is the primary modality of treatment in case of sandhigata vata, using Erand tail and Gud plays a vital role as a adjunct therapy and this combination proves to be most effective.

Agnikarma felicitates and increase in tissue metabolism which is followed by an increased release of histamine, prostaglandin and bradykinin.

I obtained results in Group A as well as Group B. After Agnikarma Chikitsa pain decreased which eventually improved range of motion. There were no adverse reactions seen due to Agnikarma in any patients during the course of the study. Improvement in results were seen during the course of treatment.

CONCLUSION

The Ayurvedic nidanas coinsides with that of morden medicine, ultimately leading wear and tear of knee joints and ligaments. The subjects of both group A and B showed significant result after compared all parameter. Agnikarma by Gud and Erand has an equal role in Sandhigata Vata treatment. Symptomatic relief of pain was attended satisfactorily by the procedure of Agnikarma. Multiple sittings of agnikarma along with internal medication is necessary for complete cure of the disease. Increasing the strength of ligament and muscles of knee joint via proper knee joint exercise are also require as this helps strengthen and supporting knee joint. No complication were seen during the study. The advantage of agnikarma by Gud and Erand oil;

- Easy performance of procedure
- Less post operative pain
- Less healing period
- Minimal post operative complication.

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