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

INTRODUCTION
Sandhigata Vata is Vata Vyadhi which occurs in joints, characterized by Janusandhigata Vata (knee joint). Acharya Sushrut says that Snayu, Sandhi and Asthigatavikara should be treated by Sneh, Upnah, Agnikarma, Bandhan and Marana karma.

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

KEYWORDS
Osteoarthritis 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.

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 Sandhigat Vata, we plan to use Bindu kind of Agnikarma in Janu Sandhigat Vata 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.

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

ABSTRACT
Vata vyadhi is one among Ashta Mahagada. Sandhigata vata is vata vyadhi which occurs in joints, characterized by Sandhigata Vata (knee joint). A commonly affected joint is the ‘Janusandhi’(knee joint).

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. Sandhigatavata 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.

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

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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 Sandhigata Vata 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:**

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**EXCLUSION CRITERIA:**

1. Age between 40 to 80 year.
2. Patients presented with pain in knee joint and diagnosed as Sandhigata Vata.
3. HIV
4. Diabetes
5. Knee joint effusion.

**INCLUSION CRITERIA:**

1. Patients presented with pain in knee joint and diagnosed as Sandhigata Vata.
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**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 Day 15.

**INCLUSION CRITERIA:**

- 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 lakshna 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 settings 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;

1. Easy performance of procedure
2. Less post operative pain
3. Less healing period
REFERENCES


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